
State:	Tennessee	Filing Company:	Delta Dental of Tennessee
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Small Group Standalone Pediatric Dental		
Project Name/Number:	Small Group Exchange Filing/2		

Filing at a Glance

Company:	Delta Dental of Tennessee
Product Name:	Small Group Standalone Pediatric Dental
State:	Tennessee
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health - Dental
Filing Type:	Form/Rate
Date Submitted:	06/05/2013
SERFF Tr Num:	DDTN-129058582
SERFF Status:	Assigned
State Tr Num:	H-130813
State Status:	Assigned - Pending Review
Co Tr Num:	

Implementation	01/01/2014
Date Requested:	
Author(s):	Jay Reavis, Robert McDougal
Reviewer(s):	Vicky Stotzer (primary), Melissa Merritt
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:
SG PD DEN P
22384TN002/004
Small Group Exchange Certified Pediatric Dental Plans

State:	Tennessee	Filing Company:	Delta Dental of Tennessee
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Small Group Standalone Pediatric Dental		
Project Name/Number:	Small Group Exchange Filing/2		

General Information

Project Name: Small Group Exchange Filing	Status of Filing in Domicile: Not Filed
Project Number: 2	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: Initial filing
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 06/06/2013	
State Status Changed: 06/06/2013	Deemer Date:
Created By: Robert McDougal	Submitted By: Robert McDougal
Corresponding Filing Tracking Number:	

Filing Description:
Small Group Exchange Certified Pediatric Dental Plans

Company and Contact

Filing Contact Information

Jay Reavis, Vice President	jreavis@deltadentaltn.com
240 Venture Circle	615-742-6914 [Phone]
Nashville, TN 37228	

Filing Company Information

Delta Dental of Tennessee	CoCode: 54526	State of Domicile: Tennessee
240 Venture Circle	Group Code:	Company Type:
Nashville, TN 37228	Group Name:	State ID Number:
(615) 255-3175 ext. [Phone]	FEIN Number: 62-0812197	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

DDTN-129058582

State Tracking #:

H-130813

Company Tracking #:

State: Tennessee

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: Small Group Standalone Pediatric Dental

Project Name/Number: Small Group Exchange Filing/2

Filing Company:

Delta Dental of Tennessee

Form Schedule

Lead Form Number: 22384TN002/004

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Small Group Contract	22384TN002/004	POL	Initial		43.100	2014 Group Contract Contract.pdf
2		Certificate of Coverage		CER	Initial		40.400	2014 COC wEHB.pdf
3		Declaration Page		DDP	Initial			Small Group Dec_Page.pdf
4		Certificate Summary		CERA	Initial			COC_Summary.pdf
5		Declaration Page SHOP		DDP	Initial			SHOP Dec_Page.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

GROUP PREPAID DENTAL CARE SERVICE CONTRACT

ACCEPTANCE AND CONTRACT

The issuance of this signed CONTRACT by DDTN acknowledges acceptance of the GROUP's application for coverage. The coverage detailed in this CONTRACT is extended to the GROUP at the rates stated herein. Coverage is based upon the terms and conditions set out in this CONTRACT including all schedules, endorsements and amendments.

So long as GROUP pays the PREMIUM as agreed, DDTN agrees to provide the BENEFITS described in this CONTRACT. BENEFITS will start at 12:01 AM Standard Time on the EFFECTIVE DATE. This CONTRACT will continue for the period of time shown on the Declaration Page. After the initial CONTRACT TERM, DDTN will extend this CONTRACT as described herein. CONTRACT may be ended in accordance with ARTICLE 7. If DDTN does not receive payments in accordance with this CONTRACT, it may suspend payment of claims.

Any changes to the rates, terms or conditions of this CONTRACT will only be effective when issued in writing by DDTN. No agent or broker or other employee of GROUP has the authority to change or waive any provisions of this CONTRACT.

This CONTRACT is issued on this the 1st day of January 2014, by,

Delta Dental of Tennessee
240 Venture Circle
Nashville, TN 37228
615-255-3175

Philip A. Wenk, D.D.S.

President & Chief Executive Officer
Title

ARTICLE 1. DEFINITIONS

As used in this CONTRACT:

- 1.01** "BENEFITS" means the amounts that DDTN will pay for dental services under this CONTRACT.
- 1.02** "BENEFIT YEAR" is the period from January 1 to December 31 of the same calendar year, unless otherwise defined on the Declaration Page. No BENEFITS will be allowed before the EFFECTIVE DATE of the MEMBER'S coverage.
- 1.03** "CLAIM FORM" is the standard Attending Dentist Statement form used to file a claim or request predetermination of BENEFITS. CLAIM FORM also includes claims filed with DDTN electronically.
- 1.04** "COBRA-MEMBER" is a MEMBER who ceases to be eligible as a SUBSCRIBER or DEPENDENT, but chooses to continue coverage as allowed under 29 USC § 1161 et seq. or an applicable state continuation of coverage provision.
- 1.05** "CONTRACT" is this agreement between DDTN and GROUP, including the Application, Declaration Page, all Schedules and all Endorsements and Amendments as issued by DDTN.
- 1.06** "CONTRACT TERM" is the time starting with the EFFECTIVE DATE and ending 12 months later, plus any renewals or extensions unless noted otherwise on the Declaration Page. The CONTRACT TERM will end with the termination or cancellation of the CONTRACT.
- 1.07** "CONTRACT YEAR" is the 12 months starting on the EFFECTIVE DATE and each subsequent 12 months while the CONTRACT is in effect.
- 1.08** "DDTN" is Delta Dental of Tennessee, a Tennessee Not-for-Profit Corporation. As used in this contract, DDTN may refer to Delta Dental of Tennessee acting on its own behalf or acting on behalf of or in conjunction with a member or members of the Delta Dental Plans Association.
- 1.09** "DEDUCTIBLE" is the amount the MEMBER must pay for services in any BENEFIT YEAR before BENEFITS will be paid by DDTN, subject to limitations shown on the Declaration Page.
- 1.10** "DENTIST" is a person licensed to practice dentistry when and where services are performed. DENTIST may also apply to auxiliary personnel legally authorized to perform services under the supervision of a person licensed to practice dentistry.
- 1.11** "DEPENDENT" is a Dependent of a SUBSCRIBER who is enrolled in this GROUP program.
- 1.12** "EFFECTIVE DATE" is 12:01 AM at the GROUP's address on the date the CONTRACT begins, as shown on the Declaration Page.
- 1.13** "EMPLOYEE" is an employee of the GROUP who is eligible for enrollment in the GROUP program.
- 1.14** "GROUP" is the employer, association or trust named in the Application.

- 1.15** "MAXIMUM PLAN ALLOWANCE" is the maximum fee DDTN will pay for a single procedure.
- 1.16** "MEMBER" is a SUBSCRIBER or a DEPENDENT who is enrolled in this GROUP's dental program.
- 1.17** "NON-PARTICIPATING DENTIST" is any DENTIST who is not a member of DDTN or any other organization that is a member of Delta Dental Plans Association.
- 1.18** "OPEN ENROLLMENT PERIOD" is the last month of each CONTRACT YEAR. During this period, EMPLOYEES may change DEPENDENT coverage to be effective on the first day of the next CONTRACT YEAR
- 1.19** "PARTICIPATING DENTIST" is a licensed DENTIST who is a member of DDTN or any other organization that is a member of Delta Dental Plans Association, and who has agreed to abide by their rules and regulations.
- 1.20** "PREMIUM" is the monthly amount paid by GROUP to DDTN to provide coverage under this CONTRACT.
- 1.21** "PREVAILING FEE" is the fee for a single procedure which satisfies the fee of most PARTICIPATING DENTISTS.
- 1.22** "SUBSCRIBER" is an EMPLOYEE who is enrolled in this GROUP's dental program.

ARTICLE 2. MONTHLY PREMIUMS

- 2.01** GROUP will pay PREMIUMS to DDTN at the address shown in ARTICLE 6. DDTN may select any other address. GROUP will make timely payment of PREMIUMS based upon the rates shown on the Declaration Page. Payment of PREMIUMS indicates the acceptance of this CONTRACT, its attachments, and later endorsements and amendments.
- PREMIUMS for COBRA-MEMBERS will be the same as for MEMBERS with the same coverage. GROUP will pay monthly PREMIUMS for COBRA-MEMBERS to DDTN. GROUP may charge COBRA-MEMBERS for their coverage as permitted by 29 USC § 1162.
- 2.02** This CONTRACT will not be in effect until DDTN receives the first month's PREMIUM. All PREMIUMS are due at DDTN on the 1st day of the month for which coverage is being extended. PREMIUMS will be deemed late if they have not been received at DDTN by the delinquent date printed on the Declaration Page. If the PREMIUM is not received by the delinquent date, DDTN may stop paying claims until payment is received.
- Should PREMIUMS not be received at DDTN for 15 days after the delinquent date, DDTN may cancel coverage in accordance with Article 7.
- 2.03** DDTN may change the rate of monthly PREMIUMS whenever the CONTRACT is amended or renewed.
- 2.04** Terms and conditions governing membership enrollment will be found in Schedule C.

ARTICLE 3. LIMITATIONS AND EXCLUSIONS FOR ALL BENEFITS

3.01 DDTN will only pay the BENEFITS stated for each type of dental service described in the schedule or schedules of benefits. Not all dental services are BENEFITS under this contract. BENEFITS will only be provided for MEMBERS who are enrolled on the date of treatment. BENEFITS will be based on the date services were completed. Services must be provided by a DENTIST or properly licensed employee of DENTIST. To be a paid BENEFIT, services must be necessary and must be provided by generally accepted dental practice standards, as determined by the dental profession. DDTN will pay allowable BENEFITS based upon the percentages shown on the Declaration Page. Such percentages will be applied to the lesser of the MAXIMUM PLAN ALLOWANCE or the fees the DENTIST charges for the service. The MAXIMUM PLAN ALLOWANCE for in state NON PARTICIPATING DENTISTS is limited to the PREVAILING FEE. Out of state NON PARTICIPATING DENTISTS are paid in accordance with each state's local business rules from information provided from the National Provider File. In the case of an ERISA contract, NON PARTICIPATING PROVIDERS are paid in accordance with the GROUP's ERISA Plan.

DDTN will govern this plan as a DELTA USA program. A DELTA USA program is a program where DDTN and other Participating Plans have agreed to provide to MEMBERS the BENEFITS set forth in the CONTRACT. DDTN shall be the Control Plan for this CONTRACT. DDTN may act for itself and on behalf of each Participating Plan, for the purposes herein cited.

3.02 OPTIONAL SERVICES

- a) In cases where alternate or optional methods of treatment exist, BENEFITS are provided for the least costly professionally accepted treatment. This determination is not intended to reflect negatively on the DENTIST's treatment plan or to recommend which treatment should be provided. It is a determination of BENEFITS under terms of the MEMBER's coverage. The DENTIST and MEMBER should decide the course of treatment. If the treatment rendered is other than the covered BENEFIT, the difference between DDTN's allowance and the DENTIST's fee, up to the approved amount, for the actual treatment rendered is due from the MEMBER.
- b) Payment made by DDTN for any surgical service will include charges for routine post-operative exams or visits.
- c) In the event a MEMBER transfers from one DENTIST to another during the course of care, DDTN may limit BENEFITS. DDTN will limit BENEFITS to the amount that would have been paid had only one DENTIST rendered the service.

3.03 EXCLUSIONS

DDTN does not pay BENEFITS for:

- a) Treatment of injury or illness covered by Workers' Compensation or Employer's Liability Laws.
- b) Services received without cost from any federal, state or local agency. This exclusion will not apply if prohibited by law.
- c) Cosmetic surgery or procedures for purely cosmetic reasons.
- d) Services for congenital (hereditary) or developmental malformations. Such malformations include, but are not limited to, cleft palate, upper and lower jaw

malformations. This does not exclude those services provided under Orthodontic BENEFITS, if covered.

- e) Treatment to restore tooth structure lost from wear.
- f) Treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; or treatment to stabilize the teeth. For example: equilibration, periodontal splinting and double abutments on bridges.
- g) Oral hygiene and dietary instructions, treatment for desensitizing teeth, prescribed drugs or other medication, experimental procedures, conscious sedation, and extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- h) Charges by any hospital or other surgical or treatment facility and any additional fees charged by the DENTIST for treatment in any such facility.
- i) Diagnosis or treatment for any disturbance of the temporomandibular joints (jaw joints) or myofacial pain dysfunction.
- j) Services by a DENTIST beyond the scope of his license.
- k) Dental services for which the MEMBER incurs no charge.
- l) Dental services where charges for such care exceed the charge that would have been made and actually collected if no coverage existed.
- m) General Anesthesia or I.V. Sedation is a BENEFIT only when administered by a properly licensed DENTIST. It must be take place in a dental office in conjunction with covered surgical procedures or when necessary due to concurrent medical conditions.
- n) DDTN will apply the limitations and exclusions of this benefit plan based upon the MEMBER's complete and prior history as reflected in DDTN's records.

3.04 No change in BENEFITS will become effective during a CONTRACT TERM unless GROUP and DDTN agree in writing.

3.05 Please note that certain Covered Services provided to individuals under the age of 19 are considered Essential Health Benefits (EHB) and are subject to specific rules concerning applicable Copayments, Out-of-Pocket Maximums, Maximum Payments, Deductibles, Waiting Periods and frequency limitations. In the event an individual under the age of 19 receives a Covered Service designated as an Essential Health Benefit, the specific Copayments, Out-of-Pocket Maximums, Maximum Payments, Deductibles, Waiting Periods and frequency limitations found in the Schedule of Benefits shall be controlling. In no event will the general frequency limitations set forth in this CONTRACT apply to any of the Covered Services listed as Essential Health Benefits in the Schedule of Benefits. The remaining general exclusions and limitations found in this Contract shall only apply to Covered Services designated as Essential Health Benefits to the extent those general exclusions and limitations do not conflict with the specific Copayments, Out-of-Pocket Maximums, Maximum Payments, Deductibles, Waiting Periods and frequency limitations found in the Schedule of Benefits.

ARTICLE 4. DEDUCTIBLE, MAXIMUM AND COORDINATION OF BENEFITS

- 4.01** DDTN will not pay BENEFITS until the annual DEDUCTIBLE amount has been met. The annual DEDUCTIBLE per MEMBER and/or per family is shown on the Declaration Page. The DEDUCTIBLE will apply for the calendar year unless noted on the Declaration Page.
- 4.02** The DEDUCTIBLE applies to the benefit types as shown on Declaration Page. Only fees a MEMBER pays for services covered under the benefit schedules included in this CONTRACT will count toward satisfying the DEDUCTIBLE.
- 4.03** Unless noted on the Declaration Page, the DEDUCTIBLE and MAXIMUMS apply each CALENDER YEAR.
- 4.04** **MAXIMUM**
DDTN will pay up to the Maximum Amount shown on Declaration Page.
- 4.05** **OUT-OF-POCKET MAXIMUM**
The maximum amount that the Subscriber or their Eligible Dependent will pay for Covered Services during the Benefit Year as set forth in the Declaration Page.
- 4.06** **COORDINATION OF BENEFITS**
If a MEMBER is entitled to coverage under more than one insurance policy or benefit program, the BENEFITS of this CONTRACT will be subject to the following conditions:
- a) If the other program is not primarily a dental program, this program is primary.
 - b) If the other program is for dental coverage, the following rules are applied:
 - 1. The program covering the patient as an employee is primary over a program covering the patient as a dependent.
 - 2. Where the patient is a dependent child: primary dental coverage will be determined by the date of birth of the parents. The coverage of the parent whose date of birth occurs earlier in the calendar year will be primary. For a dependent child of legally separated or divorced parents, the coverage of the parent with legal custody, or the coverage of the custodial parent's spouse (i.e. stepparent) will be primary.
 - 3. If there is a court decree stating that one parent has financial responsibility for a child's health care expenses, any dependent coverage of that parent will be primary to any other dependent coverage.
 - c) When primary coverage cannot be determined according to a) and b), the program which has covered the patient for the longer period will be primary.
- If this coverage is primary, BENEFITS will be provided without regard to any other coverage. If this coverage is not primary, BENEFITS are limited to services which are BENEFITS of this CONTRACT that are not fully paid by any other coverage.

ARTICLE 5. CONDITIONS UNDER WHICH BENEFITS WILL BE PROVIDED

- 5.01** **CHOICE OF DENTIST.** DDTN does not furnish covered services directly. DDTN pays for licensed DENTISTS to provide these services. A MEMBER may choose any DENTIST. MEMBERS should decide for themselves the professional qualification of the DENTIST they select. In Tennessee, participation in DDTN is open to all DENTISTS who are

licensed in Tennessee. DENTISTS may not have previously had their participation in DDTN terminated for cause. Whether a DENTIST is a PARTICIPATING or NON-PARTICIPATING DENTIST should not be viewed as a statement about that DENTIST'S ability.

DDTN shares the public and professional concern about the possible spread of HIV and other infectious diseases in the dental office. However, DDTN cannot ensure your DENTIST'S use of precautions against the spread of such diseases. DDTN cannot compel your DENTIST to be tested for HIV or to disclose test results to DDTN or to you. DDTN informs its PARTICIPATING DENTISTS about the need for clinical safety measures as recommended by health authorities on this issue. If you have questions about your DENTIST'S health status or use of recommended clinical safety measures, you should discuss them with your DENTIST.

DDTN is not liable for any injuries or damages suffered due to the actions of any provider. DDTN is not liable for a DENTIST's refusal or failure to provide services.

- 5.02 CLINICAL EXAMINATION.** Before approving a claim, DDTN may obtain from any DENTIST or hospital such information and records DDTN may require to administer the BENEFITS. DDTN may require a MEMBER be examined by a dental consultant, retained by DDTN, in or near his community or residence. Such information and records will be kept confidential.
- 5.03 CLAIM FOR BENEFITS.** To make a claim for BENEFITS, the CLAIM FORM must be properly completed and submitted to DDTN. Electronic claims may be accepted. The DENTIST must maintain the supporting documentation.
- 5.04 PREDETERMINATION.** A DENTIST may file a CLAIM FORM showing the services he or she recommends. DDTN then will predetermine the BENEFITS payable under this CONTRACT. Payment will only be made for predetermined services if the MEMBER remains eligible and has not exceeded his or her annual maximum BENEFITS. A CLAIM FORM requesting a predetermination may be submitted electronically.
- 5.05 PROOF OF LOSS.** Proof of loss must be furnished to DDTN within 15 months after completion of treatment for which BENEFITS are payable. Any claim filed after this period will be denied.
- 5.06 FIRST AND SECOND LEVEL REVIEW OF CLAIMS DENIAL.** After a claim is processed, DDTN will send an Explanation of Benefits (EOB) to the SUBSCRIBER. If any payment for services was denied, the EOB will give the reason why. A SUBSCRIBER has 180 days after receiving an EOB to request a first level review. All requests for review must be submitted to DDTN in writing. All requests for review must give reasons the denial was wrong. The SUBSCRIBER may also ask to look at any records to aid his or her review. DDTN will make a review and may ask for more documents if needed. Unless unusual circumstances arise, a decision will be sent to the subscriber within 30 days after DDTN receives the request for review.

If the SUBSCRIBER does not agree with the first level review decision, he or she may refer the request for review to the Professional Relations Advisory Committee of DDTN. This second level review must be in writing and received by DDTN within a reasonable time after the SUBSCRIBER receives the first level review decision. Unless unusual circumstances arise, a decision will be sent to the SUBSCRIBER within 30 days after DDTN receives the request for second level review.

If the subscriber does not agree with the second level review decision, he or she may file civil action in court.

- 5.07** **TERMINATION OF BENEFITS ON LOSS OF ELIGIBILITY.** DDTN will not pay BENEFITS for any services received by a patient who is not eligible at the time of treatment. GROUP will repay DDTN for any payments made because of errors or delays in reporting required of the GROUP.
- 5.08** **TO WHOM BENEFITS ARE PAID.** BENEFITS provided under this CONTRACT will be paid as follows:

- a) For services provided by a PARTICIPATING DENTIST, payment will be made to the PARTICIPATING DENTIST.
- b) For services provided by a NON-PARTICIPATING DENTIST, payment will be made to SUBSCRIBER. Payment may be assigned to the DENTIST.

ARTICLE 6. GENERAL PROVISIONS

- 6.01 ENTIRE CONTRACT: CHANGES.** This CONTRACT, including Schedules, the Application, Declaration Page and any Endorsements or Amendments issued by DDTN make up the entire agreement between the parties. No agent has authority to change this CONTRACT. No agent has authority to waive any of its provisions. No change in this CONTRACT will be valid unless made in writing and issued by DDTN.
- 6.02 SEVERABILITY.** If any part of this CONTRACT or any amendment is found to be illegal, void or not enforceable, all other portions will remain in full force and effect.
- 6.03 CONFORMITY WITH STATE LAWS.** The laws of the State of Tennessee will govern this CONTRACT. Any part of this CONTRACT which, on its EFFECTIVE DATE, conflicts with the laws of Tennessee is hereby amended to conform to the minimum requirements of such laws.
- 6.04 LEGAL ACTIONS.** No action at law or in equity will be brought before 60 days after proof of loss has been filed as required by this CONTRACT. Any action must be brought within 3 years from the time proof of loss is required by this CONTRACT. In any case, action may only be brought after a MEMBER has exercised all the review and appeal rights to be had under this CONTRACT.
- 6.05 CHOICE OF JURISDICTION.** All litigation related to the terms or conditions of this CONTRACT will be in a court of competent jurisdiction in Davidson County, Tennessee.
- 6.06 DOES NOT REPLACE WORKERS' COMPENSATION.** This CONTRACT does not affect any requirements for coverage by Workers' Compensation Insurance.
- 6.07 CERTIFICATE OF COVERAGE.** DDTN will supply Certificates of Coverage for distribution by the GROUP to SUBSCRIBERS. Such booklets will describe available BENEFITS and claims review and appeals procedures. Should the wording of this CONTRACT and the Certificate of Coverage or other marketing materials conflict, the CONTRACT will in all cases govern.
- 6.08 APPLICATION CONFLICTS.** The terms of the CONTRACT, Schedules of Benefits and Declaration Page, along with any Amendments or Endorsements issued by DDTN, will, in all cases, be controlling. In the case of a conflict with the Group Application or proposal, the CONTRACT, Schedules of Benefits and Declaration Pages along with any Amendments or Endorsements issued by DDTN will govern.
- 6.09 PROFESSIONAL RELATIONSHIP.** GROUP and DDTN agree to permit and encourage the professional relationship between DENTIST and patient to be maintained without interference.

- 6.10 NOTICE: WHERE DIRECTED.** All notices under this CONTRACT must be in writing. Notices for DDTN will be addressed to:
Delta Dental of Tennessee
240 Venture Circle
Nashville, Tennessee 37228-1699

Notices to the GROUP will be sent to the address shown on the Declaration Page. All notices will be effective 48 hours after deposit in the United States mail with fully prepaid postage. If agreed to in writing by GROUP, DDTN may send notices electronically to the electronic mail address listed on the group application or other electronic mail address as requested by the GROUP.

- 6.11 RIGHT TO RECOVERY.** DDTN will have the right to recover any BENEFITS greater than the maximum amount of allowable BENEFITS. DDTN will recover the excess from any persons to whom the payment was made, insurance companies or other parties involved. Any MEMBER covered under this CONTRACT will execute and deliver any necessary documents and do whatever is needed to secure such rights to DDTN.

- 6.12 SUBROGATION.** DDTN assumes the MEMBER'S legal rights to recovery for payment for dental services the patient required because of the action or fault of another. DDTN has the right to recover from the MEMBER any payments made by or for the other party. In such cases, DDTN has the right to recover amounts equal to the BENEFITS paid by DDTN plus all collection cost.

DDTN has the right to make the recovery by suit, settlement or otherwise from the person who caused the dental problem or injury. Such recovery may be from the other person, his or her insurance company, or any other source such as third party motorist coverage.

The MEMBER must help DDTN make a recovery. They must give requested information and sign needed papers. If the MEMBER fails to help DDTN, or settles any claim without DDTN's written consent, DDTN may recover from the MEMBER. DDTN will be entitled to any recovery received by the MEMBER. DDTN will be entitled to reasonable and necessary attorney's fees and court costs.

- 6.13 AMENDMENTS.** This CONTRACT may be amended or canceled by agreement between DDTN and GROUP without the approval of MEMBER.

- 6.14 COLLECTIONS.** Should any payment owed DDTN by GROUP be due for more than 30 days, DDTN may pursue any and all collection efforts it deems necessary to collect such payment. GROUP will be responsible for all cost of such collection efforts including but not limited to collection fees, court cost and reasonable legal fees.

- 6.15 SUBCONTRACTOR(S) AND AGENT(S).** DDTN may subcontract certain functions or appoint an agent or agents to act on DDTN's behalf and fulfill expressed, limited duties under this contract. Such agent(s) have no authority to change or modify this agreement.

- 6.16 USE OF E-COMMERCE TOOLS.** DDTN may provide GROUP access to its internet-based E-Commerce Tools (such as E-Billing and Benefit Manager Toolkit). Only the employees or representatives (Users) designated by GROUP to DDTN will have access to E-Commerce Tools. GROUP will ensure assigned account names and/or log-ins and passwords will be protected and not shared among Users or any other persons. GROUP will notify DDTN immediately if a User becomes terminated or should no longer have access to its E-Commerce Tools. To ensure continued access to DDTN's E-Commerce Tools, the GROUP agrees to pay premium invoices as billed. Failure to pay as billed may result the termination of access to the E-Commerce Tools. DDTN may revoke access or

discontinue its E-Commerce Tools at any time.

ARTICLE 7. RENEWAL AND CANCELLATION

7.01 At the end of CONTRACT TERM, DDTN must give the GROUP 30 days notice of any change of PREMIUM or BENEFITS. Such notice will renew the CONTRACT unless GROUP provides written notice of cancellation

7.02 This CONTRACT may be canceled only as follows:

- a) By GROUP with at least 15 days prior written notice at the end of a CONTRACT TERM.
- b) By DDTN with at least 30 days prior written notice at the end of a CONTRACT TERM.
- c) By DDTN, if GROUP:
 - 1) does not furnish DDTN a listing of all EMPLOYEES as required under Schedule C; or,
 - 2) does not permit DDTN to inspect GROUP'S records as called for under Schedule C; or,
 - 3) does not pay PREMIUM, as required by ARTICLE 2; or
 - 4) misrepresents any information required in the CONTRACT; or
 - 5) does not meet the underwriting guidelines established for the program described on the Declaration Page.

7.03 DDTN must give GROUP at least 10 days written notice to cancel the CONTRACT because GROUP did not pay PREMIUM. Such notice shall allow a 30 day grace period from the PREMIUM due date. Cancellation for any other reason requires 30 days written notice.

If the CONTRACT is canceled, GROUP will owe DDTN all unpaid PREMIUMS due prior to cancellation. GROUP must pay DDTN PREMIUMS through the cancellation date within 10 days of cancellation. DDTN may collect the greater of any unpaid premium or the reimbursement for any claim payments made. DDTN may also collect a service fee equal to 12% of the claim payments.

7.04 DDTN will not continue to pay BENEFITS for services performed after the cancellation date of this CONTRACT.

ARTICLE 8. ATTACHMENTS

These documents are attached to this CONTRACT and made a part of it:

SCHEDULE A - SCHEDULE OF BENEFITS, LIMITATIONS AND EXCLUSIONS.

SCHEDULE B - (If covered as a benefit) – ORTHODONTIC BENEFITS, LIMITATIONS AND
EXCLUSIONS

SCHEDULE C - ELIGIBILITY AND ENROLLMENT

Group Application

Declaration Page



Delta Dental of Tennessee
240 Venture Circle
Nashville, TN 37228
Phone (800) 223-3104
Fax (615) 244-8108
www.deltadentaltn.com

Certificate of Coverage

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Introduction

This Certificate of Coverage (COC) is a guide to your dental plan. It is not the contract between Delta Dental of Tennessee (DDTN) and your group or any member of the plan. Should there be any conflict between the COC and the contract, the contract will prevail.

I. Eligibility and Enrollment of Subscribers and Dependents

Subscribers who have enrolled in this dental plan through their employer or other group sponsoring this plan may also enroll their dependents.

Dependents are defined as a lawful husband or wife or child(ren) from birth to the Dependent Age Limit listed on the Benefit Summary Page. "Child" includes a natural child, step-child, adopted child, foster child or child in the subscriber's legal custody. A child over the Dependent Age Limit may continue to be eligible provided they continue to meet the support, maintenance and marriage requirements. In addition, the child must not be able to support themselves because of mental incapacity or physical handicap. Such disabling condition must have begun before reaching the Dependent Age Limit. Proof of these facts must be given to DDTN or group within 31 days if requested. Proof will not be required more than once a year.

Dependents in military service are not eligible.

Dependents must enroll along with the subscriber or as soon as they become dependents. If dependents do not enroll at this time, they must wait until the next open enrollment period to enroll. Dependents may not be enrolled without the enrollment of the subscriber, but the subscriber may drop dependent coverage and maintain their coverage.

A subscriber or dependent who drops their coverage but who still meets all requirements of the plan, may re-enroll during the first open enrollment period after having been out of the plan for 12 consecutive months except in the event of a qualified life status change.

Coverage for any subscriber or dependent terminates when they are no longer eligible for benefits as a member of the group. Specific state and federal laws or group policies may allow an extension of membership for a limited time. You should speak to the administrator of your group to see if an extension is available and for how long the benefits could be extended.

DDTN will not pay for any services received by a patient who is not eligible at the time of treatment. Coverage for subscribers and dependents is only effective after DDTN receives the premium for the period to be covered. If DDTN does not receive the premium when it is due, we may stop paying claims until payment is received. If premiums have not been received within 30 days after the due date, DDTN may cancel the contract with the group. DDTN does not bill individuals for premiums.

This contract may be cancelled upon renewal by DDTN with 30 days prior written notice or by the Group with 15 days prior written notice.

II. Choosing a Dentist

DDTN does not directly provide dental services and therefore is not liable for a dentist's refusal to provide services. It has contracted with "Participating Dentists". These dentists are independent contractors who have agreed to accept certain fees for the service they provide to you. Dentists that have not contracted with Delta Dental are referred to as "Non-Participating Dentists". The fact that a dentist has or has not chosen to participate with

DDTN should not be viewed as a statement about their qualifications.

Although you are free to choose any dentist, your out of pocket expenses may be less if you choose a participating dentist. Therefore, you should always ask your dentist if he is a participating dentist or verify with DDTN that your dentist is a participating dentist before receiving any dental services.

DDTN is not responsible for any injuries or damages suffered due to the actions of any dentist. DDTN shares in the public concern over the spread of infectious disease, but it cannot require a dentist to be tested for them. Information about the need for clinical precautions as recommended by recognized health authorities is provided to dentists. If you have questions about your dentist's health status or use of recommended clinical precautions, you should discuss them with your dentist.

III. General Provisions

- A. Participating dentists will file your claim with DDTN. If you need a claim form for services provided by a non-participating dentist you may contact DDTN which will provide you with a claim form. To be considered for benefits, a claim must be filed within 15 months of the date of service.
- B. If you require emergency dental care, you may seek services from any dentist. Your out of pocket expenses may be less if you choose a participating dentist.
- C. You may get an estimate of the cost of certain dental procedures before they are done. This estimate is referred to as a predetermination. You may have your dentist send DDTN a claim form detailing the projected treatment and DDTN will give an estimate of the benefits to be paid. A predetermination is not a guarantee of payment. Actual benefit payments will be based upon procedures completed and will be subject to continued eligibility along with plan limitations and maximums.
- D. If you or your covered dependent receive an injury requiring dental treatment because of the action or fault of another person, and if DDTN is unaware of other coverage, DDTN may pay benefits but would assume the subscriber's or covered dependent's rights to recover from the other person. The subscriber and covered dependent would be required to help DDTN in making such a recovery. This dental plan does not replace any workers' compensation coverage.

- E. If a subscriber or covered dependent has two dental coverages, DDTN will coordinate benefits with the other coverage. The following rules will be used to determine which coverage should be primary.

1. The program covering the patient as an employee is primary over a program covering the patient as a dependent.
2. Where the patient is a dependent child, primary dental coverage will be determined by the date of birth of the parents. The coverage of the parent whose date of birth occurs earlier in the calendar year will be primary. For a dependent child of legally separated or divorced parents, the coverage of the parent with legal custody, or the coverage of the custodial parent's spouse (i.e. stepparent) will be primary.
3. If there is a court decree stating that one parent has financial responsibility for a child's dental care expenses, any dependent coverage of that parent will be primary to any other dependent coverage.

- F. After a claim is processed, an Explanation of Benefits (EOB) will be sent to the subscriber. If any payment for services was denied, the EOB will give the reason why. If the subscriber disagrees with the denial he or she must submit a request in writing asking that the claim be reviewed. Such request should include the reason why the subscriber believes the claim was wrongly denied. The request must be received by DDTN within 180 days of the subscriber's receipt of the EOB. DDTN will make a review and may ask for more documents if needed. Unless unusual circumstances arise, a decision will be sent to the subscriber within 30 days after DDTN receives the request for review. If the subscriber does not agree with the first level review decision, he or she may refer the request for review to the Professional Relations Advisory Committee of DDTN. This second level review request must be in writing and received by DDTN within a reasonable time after the subscriber receives the first level review decision. Unless unusual circumstances arise, a decision will be sent to the subscriber within 30 days after DDTN receives the request for second level review.

If the subscriber does not agree with the second level review decision, he or she may file civil action in court.

IV. Benefits

Not every dental procedure is a benefit of your dental plan nor are they paid at the same level of co-payment. The Schedule of Benefits in this COC reflects the procedures that DDTN will cover as well as certain limitations and exclusions for these covered benefits. These services will be covered when a dentist or an employee of a dentist who is licensed to perform the service provides them. These services must be necessary and must be provided in accordance with generally accepted dental practice standards. Some allowable procedures are subject to deductibles, maximums, and copayments as described on the Benefit Summary Page.

In addition to the limitations and exclusions shown in the Schedule of Benefits section, DDTN does not pay for the following:

General Limitations and Exclusions

- A. Treatment of injury or illness covered by Workers' Compensation or Employer's Liability Laws.
- B. Services received without cost from any federal, state or local agency. This exclusion will not apply if prohibited by law.
- C. Cosmetic surgery or procedures for purely cosmetic reasons.
- D. Services for congenital (hereditary) or developmental malformations. Such malformations include, but are not limited to, cleft palate, or upper and lower jaw malformations. This does not exclude those services provided under Orthodontic benefits, if covered.
- E. Treatment to restore tooth structure lost from wear.
- F. Treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion or treatment to stabilize the teeth. For example: equilibration, periodontal splinting and double abutments on bridges.
- G. Oral hygiene and dietary instructions, treatment for desensitizing teeth, prescribed drugs or other medication, experimental procedures, conscious sedation and extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- H. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- I. Diagnosis or treatment for any disturbance of the temporomandibular joints (jaw joints) or myofacial pain dysfunction.
- J. Services by a dentist beyond the scope of his or her license.

- K. Dental services for which the patient incurs no charge.
- L. Dental services where charges for such services exceed the charge that would have been made and actually collected if no coverage existed.
- M. DDTN will apply the limitations and exclusions of this benefit plan based upon the member's complete and prior history as reflected in DDTN's records.

In the event a member transfers from one dentist to another during the course of treatment, payment by DDTN will be limited to the amount that would have been paid had only one dentist rendered the service.

V. Optional Services

In cases where alternate or optional methods of treatment exist, DDTN will pay for the least costly professionally accepted treatment. This determination is not intended to reflect negatively on the dentist's treatment plan or to recommend which treatment should be provided. It is a determination of benefits under the terms of the subscriber's coverage. The dentist and subscriber or dependent should decide the course of treatment. If the treatment rendered is other than the covered benefit, the difference between DDTN's allowance and the dentist's fee, up to the approved amount, for the actual treatment rendered is due from the subscriber. For example, if your benefit plan allows for amalgams only even though a metal or porcelain inlay is suggested by your dentist, DDTN will pay for only the cost of the amalgam.

VI. Schedule of Benefits

In addition to the limitations and exclusions listed in the Schedule of Benefits, the **General Limitations and Exclusions** found in Section IV of this Certificate of Coverage also apply.

The following apply to **Non-EHB Covered Services**:

A. Diagnostic & Preventive Benefits, Limitations & Exclusions

- Oral examinations and cleanings (prophylaxis). Oral exams and cleanings, to include periodontal maintenance procedures, are limited to two times in any 12 month period.
- Members with high risk health conditions may receive a total of four cleanings, to include periodontal maintenance procedures, in any 12 month period. Eligible members include diabetics and pregnant women with periodontal disease, those with

renal failure, those with suppressed immune systems such as those undergoing chemotherapy/radiation treatment, HIV positive or organ or stem cell transplant patients or those at high risk for infective endocarditis.

- Adult prophylaxis for members under 14 years of age are not allowed. Comprehensive oral examinations or extensive oral examinations performed by the same dentist are allowed once within 36 months.
- X-rays. One set of bite-wing x-rays is covered in a 12 month period. Full mouth x-rays are covered once within 3 years, unless special need is shown.
- Fluoride. Topical application of fluoride is covered for members up to 19 years of age.
- Space maintainers. Space maintainers are covered for members 14 years of age and under.

B. Sealant Benefits, Limitations & Exclusions

- Sealants – resin filling used to seal grooves and pits on the chewing surface of permanent molar teeth. A sealant is a benefit only on the unrestored, decay free chewing surface of the maxillary (upper) and mandibular (lower) permanent first and second molars. Sealants are only a benefit on members under 16 years of age. Only one benefit will be allowed for each tooth within a lifetime.

C. Basic Benefits, Limitations & Exclusions

- Simple extractions.
- General Anesthesia & I.V. Sedation is covered only when administered by a properly licensed dentist in a dental office in conjunction with covered surgery procedures or when necessary due to concurrent medical conditions.
- Minor Restorations – amalgams (silver fillings) composites (white fillings) and prefabricated stainless steel crown restorations for the treatment of decay.
- Restorative benefits are allowed once per surface in a 24 month period, regardless of the number or combinations of procedures requested or performed.
- The replacement, by the same dentist or dental office, of amalgam or composite restorations within 24 months is not allowed.
- The replacement of a stainless steel crown by the same dentist or dental office within a 24 month period of the initial placement is not allowed.
- Gold foil restorations and porcelain,

composite, and metal inlays are Optional Services.

- Denture Repairs – services to repair complete or partial dentures.

D. Oral Surgery Benefits, Limitations & Exclusions.

- Oral Surgery – complex extractions and other surgical procedures (including pre- and post operative care).

E. Endodontic Benefits, Limitations & Exclusions

- Endodontia – treatment of the dental pulp (root canal procedures). Payment for root canal treatment includes charges for x-rays and temporary restorations. Root canal treatment is limited to once in a 24 month period by the same dentist or dental office.

F. Periodontic Benefits, Limitations & Exclusions

- Periodontia – treatment of the gums and bones that surround the tooth. Payment for periodontal surgery shall include charges for three months post operative care and any surgical re-entry for a three year period. Root planing, curettage and osseous surgery are not a benefit for members under 14 years of age. Scaling and root planing procedures are allowed once within 24 months.

G. Major Restorative Benefits, Limitations & Exclusions

- Cast Restorations. Crowns and onlays are benefits for the treatment of visible decay and fractures of hard tooth structure when teeth are so badly damaged that they cannot be restored with amalgam or composite restorations.
- Replacement of crowns or cast restorations received in the previous five years is not a benefit. Payment for cast restorations shall include charges for preparations of tooth and gingiva, crown build-up, impression, temporary restoration and any re-cementation by the same dentist within a 12 month period.
- A cast restoration on a tooth that can be restored with an amalgam or composite restoration is not a benefit. Procedures for purely cosmetic reasons are not benefits. Porcelain, gold or veneer crowns for children under 12 years of age are not a

benefit.

H. Prosthodontic Benefits, Limitations & Exclusions

- Prosthodontics. Procedures for construction of fixed bridges, partial or complete dentures and repair of fixed bridges.
- Replacement of any fixed bridges or partial or complete dentures that the member received in the previous five years is not a benefit. Payment for a complete or partial denture shall include charges for any necessary adjustment within a six month period.
- Payment for standard dentures is limited to the maximum allowable fee for a standard partial or complete denture. A standard denture means a removable appliance to replace missing natural, permanent teeth. A standard denture is made by conventional means from acceptable materials. If a denture is constructed by specialized techniques and the fee is higher than the fee allowable for a standard denture, the patient is responsible for the difference.
- Payment for fixed bridges or cast partials for children under 16 years of age is not a benefit.
- A posterior bridge where a partial denture is constructed in the same arch is not a covered benefit.
- Temporary partial dentures are a benefit only when upper anterior teeth are missing.
- Complete or Partial Denture Reline and Rebase procedures. Payment for a reline or rebase of a partial or complete denture is limited to once in a three year period and includes all adjustments required for six months after delivery.

I. Implant Benefits, Limitations & Exclusions

- Implants. The surgical placement of an endosteal (in the bone) implant and the connecting abutment are covered benefits.
- Replacement of implants or abutments received in the previous five years is not a benefit.
- The removal of an implant is allowed once per lifetime.
- Specialized techniques are not benefits (ie. bone grafts, guided tissue regeneration, precision attachments, etc.).
- Implant maintenance procedures are allowed once in a 12 month period.

J. [Orthodontic Benefits, Limitations & Exclusions

- Orthodontics. Procedures using appliances to treat poor alignment of teeth and/or jaws.

Such poor alignment must significantly interfere with function to be a benefit.

- Orthodontic benefits are limited to members shown on the Benefit Summary Page. DDTN shall make regular payments for orthodontic benefits.
- If orthodontic treatment began prior to enrolling in this plan, DDTN will begin benefits with the first payment due the dentist after the subscriber or covered dependent becomes eligible.
- Benefits end with the next payment due the dentist after loss of eligibility or immediately if treatment stops.
- Benefits are not paid to repair or replace any orthodontic appliance received.
- Orthodontic benefits do not pay for extractions or other surgical procedures. However, these additional services may be covered under other benefits of this plan.
- The initial payment (initial banding fee) made by DDTN for comprehensive treatment will be 33% of the total fee for treatment subject to your copayment percentage and lifetime maximum.
- Subsequent payments will be issued on a regular basis for continuing active orthodontic treatment. Payments will begin in the month following the appliance placement date and are subject to your copayment percentage and lifetime maximum.]

The following Limitations and Exclusions apply to EHB Covered Services for members under age 19. The above Limitations and Exclusions shall only apply to EHB Covered Services to the extent those limitations and exclusions do not conflict with the specific Copayments, Out-of-Pocket Maximums, Maximum Payments, Deductibles, Waiting Periods and frequency limitations found in the Summary Benefits:

- Benefits for clinical oral evaluations are payable twice in any Benefit Year, whether provided under one or more Delta Dental plan(s).
- Benefits for prophylaxis including periodontal maintenance are payable twice in any Benefit Year. Benefits for full mouth debridement is payable once in a lifetime.
- Benefits for topical application of fluoride are payable twice in any Benefit Year.
- Benefits for a complete intraoral radiographic series (including bitewing radiographs) or a panoramic film (with/or

without bitewing films) are payable once in any five-year period.

- Benefits for bitewing images (posterior or vertical) are payable twice in any Benefit Year.
- Sealants are payable only for the occlusal (biting) surface of unrestored permanent molars, free from decay and restorations.
- Sealants are a Benefit payable once in any three-year period per tooth.
- Tooth preparations, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration.
- Tooth preparation, all adhesive (including amalgam bonding agents), liners and bases are included as part of the restoration.
- Stainless steel crowns are payable once per tooth in any five-year period.
- If A root canal is within 45 days of a pulpotomy, the pulpotomy is not a Covered Service since it is considered a part of the root canal procedure and Benefits are not payable separately.
- Benefit for root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth.
- Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime.
- Benefits for periodontal surgical services are payable once in any three-year period.
- Benefits for scaling and root planning are payable once, per quadrant, in any two-year period.
- Full mouth debridement is payable once per lifetime.
- Benefits for periodontal maintenance following therapy, including adult prophylaxis are payable twice in any Benefit Year.
- Benefits for the foregoing rebase and relines of a complete or partial denture base are payable one in any three-year period per appliance, six months after the initial installation
- Benefits for an occlusal guard are payable once per Benefit Year for individuals 13 years of age or older and less than 19 years of age.
- Benefits for onlays and crowns are payable once per tooth in any five-year period.
- Benefits for core buildups, cast posts and cores and prefabricated posts are limited to one procedure per tooth
- Benefits for porcelain, porcelain/ ceramic substrate, porcelain/resin processed to metal,

and cast restorations are not payable for Children less than 12 years of age.

- Benefits for one complete upper and one complete lower denture are payable once in any five-year period.
- Benefits for a partial denture are payable only once per arch in any five-year period.
- Benefits for abutments and implants are payable once in any five-year period.
- Benefits for pontics, inlays, onlays, retainers and crowns are payable only once in any five-year period.
- Benefits for the foregoing partial denture, fixed bridge or removable bridge and any associated services (such as substructure, attachments, cores, coping, etc.) are payable once in any five-year period.
- Benefits for Orthodontic Services are payable only to the extent said services are "medically necessary" and only up until the age of 19.
- Benefits for orthodontic retention are payable whether billed in conjunction with other orthodontic services or billed separately.

Delta Dental of Tennessee Declaration Page

Group Name: [Group Name] Group Number: [#####]

Group Address: [Address]

City, State, Zip Code: [City, State, Zip]

Contract Effective Date: [MMMM DD, YYYY] Contract Renewal Date: [MMMM DD, YYYY]

Benefit year: January 1 through December 31 Provider Network: Delta Dental PPO (Point-of-Service)

Eligibility Requirements

All permanent, full time EMPLOYEES who work a minimum of 30 hours per week who are hired on or prior to the EFFECTIVE DATE are eligible for enrollment on the EFFECTIVE DATE or when they have met the GROUP's eligibility requirements.

Employees are eligible on the first day of the month following [0-180] days of continuous employment.

The Dependent Age Limit under this Contract is to age: 26

Monthly Premiums

Subscriber only – [\$.\$.]\$ per month per Subscriber
 [Subscriber and one dependent – [\$.\$.]\$ per month per Subscriber
 Subscriber and spouse – [\$.\$.]\$ per month per Subscriber
 Subscriber and child(ren) – [\$.\$.]\$ per month per Subscriber
 Subscriber, spouse and child(ren) – [\$.\$.]\$ per month per Subscriber]

These rates are contingent upon the enrollment of a minimum of [0-100] percent of the eligible members of the defined group and their eligible dependents with [0-100] percent of the cost paid by the GROUP.

This plan requires a minimum of [##] enrolled primary Subscribers. The GROUP will be billed for the greater of the actual number of Subscribers or the minimum number of Subscribers.

Premiums will be deemed delinquent if not paid as billed and received by the 5th of each month.

Non-EHB Covered Services

**[includes all Covered Services that are not
Essential Health Benefits as defined by the
Patient Protection and Affordable Care Act.]**

	PPO Dentist	Premier Dentist	Non- participating Dentist
	Plan Pays	Plan Pays	Plan Pays
Diagnostic & Preventive			
[Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	[0-100]%	[0-100]%	[0-100]%
Brush Biopsy - to detect oral cancer	[0-100]%	[0-100]%	[0-100]%
Radiographs - X-rays	[0-100]%	[0-100]%	[0-100]%
Periodontal Maintenance - cleanings following periodontal therapy]	[0-100]%	[0-100]%	[0-100]%
[Basic Services]			
[Emergency Palliative Treatment - to temporarily relieve pain	[0-100]%	[0-100]%	[0-100]%
Sealants - to prevent decay of permanent teeth	[0-100]%	[0-100]%	[0-100]%
Minor Restorative Services - fillings	[0-100]%	[0-100]%	[0-100]%
Endodontic Services - root canals	[0-100]%	[0-100]%	[0-100]%
Periodontic Services - to treat gum disease	[0-100]%	[0-100]%	[0-100]%

Oral Surgery Services - extractions and dental surgery	[0-100]%	[0-100]%	[0-100]%
Other Basic Services - misc. services	[0-100]%	[0-100]%	[0-100]%
Adjustments and Repairs - to bridges and dentures]	[0-100]%	[0-100]%	[0-100]%
[Major Services]			
[Crown Repair - to individual crowns	[0-100]%	[0-100]%	[0-100]%
Major Restorative Services - crowns	[0-100]%	[0-100]%	[0-100]%
Relines and Rebase - to dentures	[0-100]%	[0-100]%	[0-100]%
Implant Repair - implant maintenance, repair, and removal	[0-100]%	[0-100]%	[0-100]%
Prosthodontic Services - bridges, implants, and dentures]	[0-100]%	[0-100]%	[0-100]%
[Orthodontic Services]			
[Orthodontic Services – supplemental orthodontics	[0-100]%	[0-100]%	[0-100]%
[Orthodontic Age Limit -	Up to age [0-99]	Up to age [0-99]	Up to age [0-99]

- [Oral exams (including evaluations by a specialist) are payable [twice] per [calendar/Benefit] year.]
- [Prophylaxes (cleanings) are payable [twice] per [calendar/Benefit] year.]
- [People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.]
- [Fluoride treatments are payable [twice] per [calendar/Benefit] year for people up to age [XX].]
- [Bitewing X-rays are payable [once] per [calendar/Benefit] year and full mouth X-rays (which include bitewing X-rays) are payable [once] in any [five] year period.]
- [Composite resin (white) restorations are Covered Services on posterior teeth.]
- [Porcelain crowns are optional treatment on posterior teeth.]
- [Implants and implant related services are payable once per tooth in any [five-]year period.]

Deductibles for Non-EHB Covered Services - For individuals 19 years of age or older, or individuals under the age of 19 seeking Non-EHB Covered Services, the Deductible per individual per Benefit Year is [\$25-100], limited to a maximum Deductible of [\$75-300] per family per Benefit Year for [Diagnostic and Preventive, Basic, and Major Services] [The Deductible does not apply to Diagnostic and Preventive or Orthodontic Services.]

[None.]

Annual and Lifetime Maximum Payments for Non-EHB Covered Services – For individuals 19 years of age or older, or individuals under the age of 19 seeking Non-EHB Covered Services, the Maximum Payment is [0-\$XXXXX] per individual total per Benefit Year on all services except [Orthodontic] Services. For individuals 19 years of age or older, the Maximum Payment is [[0-\$XXXXX] per individual total per [lifetime] for [Orthodontic] Services.] [For individuals under the age of 19, the Maximum Payment is [0-\$XXXX] per individual total per [lifetime] for [non medically necessary Orthodontic] Services.]

[Maximum Carryover – If at least one Non-EHB Covered Service is paid in a Benefit Year and the total Benefit paid does not exceed \$[1-XXXXX] in that Benefit Year, \$[1-XXXXX] will carry over to the next Benefit Year's Maximum Payment. This amount will accumulate from one Benefit Year to the next, but will not exceed \$[1-XXXXX].]

Out-of-Pocket Maximum Payment for Non-EHB Covered Services – An Out-of-Pocket Maximum is the maximum amount that you or your Eligible Dependent will pay for Covered Services throughout a Benefit Year. There is no Out-of-Pocket Maximum Payment for Non-EHB Covered Services. You will be responsible for all Copayments, Deductibles, Balanced Billing Amounts and other out-of-pocket expenses associated with all Non-EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

Waiting Period for Non-EHB Covered Services – [Employees who are eligible for Benefits are covered on [the date of hire] [the first day [of the month] following [XX days/months/years] of employment.]]

Each of the Covered Services listed at the end of this Summary of Dental Plan Benefits are considered Essential Health Benefits, as that term is defined in the Patient Protection and Affordable Care Act, as amended (“PPACA”), to the extent that such Covered Services are provided to an individual under the age of 19 (“EHB Covered Services”). In the event an individual under the age of 19 receives an EHB Covered Service, that EHB Covered Service shall be subject to the specific Copayments, Out-of-Pocket Maximums, Maximum Payments, Deductibles, Waiting Periods and frequency limitations set forth below. In no event will the general frequency limitations found in your Certificate apply to any of the EHB Covered Services listed in this Summary of Dental Plan Benefits. The remaining general exclusions and limitations found in your Certificate shall only apply to EHB Covered Services to the extent those general exclusions and limitations do not conflict with the specific Copayments, Out-of-Pocket Maximums, Maximum Payments, Deductibles, Waiting Periods and frequency limitations found in this Summary of Dental Plan Benefits.

EHB Covered Services

For individuals under the age of 19

	PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays
Diagnostic & Preventive			
[Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	[0-100]%	[0-100]%	[0-100]%
Brush Biopsy - to detect oral cancer	[0-100]%	[0-100]%	[0-100]%
Radiographs - X-rays	[0-100]%	[0-100]%	[0-100]%
Periodontal Maintenance - cleanings following periodontal therapy]	[0-100]%	[0-100]%	[0-100]%
[Basic Services]			
[Emergency Palliative Treatment - to temporarily relieve pain	[0-100]%	[0-100]%	[0-100]%
Sealants - to prevent decay of permanent teeth	[0-100]%	[0-100]%	[0-100]%
Minor Restorative Services - fillings	[0-100]%	[0-100]%	[0-100]%
Endodontic Services - root canals	[0-100]%	[0-100]%	[0-100]%
Periodontic Services - to treat gum disease	[0-100]%	[0-100]%	[0-100]%
Oral Surgery Services - extractions and dental surgery	[0-100]%	[0-100]%	[0-100]%
Other Basic Services - misc. services	[0-100]%	[0-100]%	[0-100]%
Adjustments and Repairs - to bridges and dentures]	[0-100]%	[0-100]%	[0-100]%
[Major Services]			
[Crown Repair - to individual crowns	[0-100]%	[0-100]%	[0-100]%
Major Restorative Services - crowns	[0-100]%	[0-100]%	[0-100]%
Relines and Rebase - to dentures	[0-100]%	[0-100]%	[0-100]%
Implant Repair - implant maintenance, repair, and removal	[0-100]%	[0-100]%	[0-100]%
Prosthodontic Services - bridges, implants, and dentures]	[0-100]%	[0-100]%	[0-100]%
[Orthodontic Services]			
[Orthodontic Services – medically necessary	[0-100]%	[0-100]%	[0-100]%
[Orthodontic Age Limit -	Up to age [0-99]	Up to age [0-99]	Up to age [0-99]

In-Network Out-of-Pocket Maximum for EHB Covered Services – An Out-of-Pocket Maximum is the maximum amount that you or an Eligible Dependent will pay for Covered Services throughout a Benefit Year. For all In-Network EHB Covered Services provided to individuals under the age of 19, your maximum out-of-pocket payments under this Certificate shall be \$700 per Benefit Year if this Certificate covers one individual under the age of 19, or \$1400 per Benefit Year if this Certificate covers two or more individuals under the age of 19. Any Copayments, Deductibles or other out-of-pocket expenses paid by you for In-Network EHB Covered Services provided to individuals under the age of 19 shall count toward that In-Network Out-of-Pocket Maximum. The In-Network Out-of-Pocket Maximum will not include any amounts paid for the following: (i)

premiums; (ii) payments made by you for Non-Covered Services; (iii) payments made by you to Out-of-Network Dentists; (iv) Copayments, Deductibles or other out-of-pocket expenses paid by you for services other than EHB Covered Services; or (v) Copayments, Deductibles or other out-of-pocket expenses paid by you for EHB Covered Services provided to individuals 19 years of age and older. Once your applicable In-Network Out-of-Pocket Maximum is reached for the Benefit Year, all In-Network EHB Covered Services provided to individuals under the age of 19 will be covered at 100% of the Maximum Approved Fee.

Out-of-Network Out-of-Pocket Maximum for EHB Covered Services –There is no annual Out-of-Pocket Maximum for Out-of-Network EHB Covered Services. You will be responsible for all Copayments, Deductibles, Balanced Billing Amounts and other out-of-pocket expenses associated with all Out-of-Network EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

Annual and Lifetime Maximum Payments for EHB Covered Services–For all EHB Covered Services provided to individuals under the age of 19, there are no annual or lifetime Maximum Payments.

Deductibles for EHB Covered Services – [For individuals under the age of 19 seeking EHB Covered Services, the Deductible is [\$25-100] per individual per Benefit Year, limited to a maximum Deductible of [\$75-300] for all individuals under the age of 19 covered by this Certificate per Benefit Year.]

[None.]

EHB Covered Services

The following services are EHB Covered Services to the extent they are received by an individual under the age of 19:

Diagnostic and Preventive Services

Examinations/Evaluations

- D0120 – periodic oral evaluation
- D0140 – limited oral evaluation – problem focused
- D0150 – comprehensive oral evaluation
- D0160 – detailed and extensive oral evaluation (problem focused by report)
- D0180 – Oral examination, comprehensive periodontal evaluation
 - ❖ Benefits for the foregoing clinical oral evaluations are payable twice in any Benefit Year, whether provided under one or more Delta Dental plan(s).

Cleanings (Prophylaxes)

- D1110 – prophylaxis – adult
- D1120 – prophylaxis – child
 - ❖ Benefits for prophylaxis including periodontal maintenance are payable twice in any Benefit Year. Benefits for full mouth debridement is payable once in a lifetime.

Fluoride Treatment

- D1203 – topical application of fluoride (prophylaxis not included)
- D1204 – topical application of fluoride (prophylaxis not included)
- D1206 – topical fluoride varnish
 - ❖ Benefits for topical application of fluoride are payable twice in any Benefit Year.

Space maintainers

- D1510 – space maintainer – fixed – unilateral
- D1515 – space maintainer – fixed – bilateral
- D1520 – space maintainer – removable – unilateral
- D1525 – space maintainer – removable – bilateral
- D1550 – re-cementation of space maintainer

Emergency Palliative Treatment

- D9110 – palliative (emergency) treatment of dental pain – minor procedure

Radiographs (X-rays)

- D0210 – intraoral-complete series (including bitewings)
- D0330 – panoramic film

- ❖ Benefits for a complete intraoral radiographic series (including bitewing radiographs) or a panoramic film (with/or without bitewing films) are payable once in any five-year period.

D0220 – intraoral-periapical first film

D0230 – intraoral-periapical each additional film

D0240 – intraoral-occlusal film

D0270 – bitewing – single film

D0272 – bitewings – two films

D0274 – bitewings – four films

D0277 – bitewing, vertical, 7 to 8 films

- ❖ Benefits for bitewing images (posterior or vertical) are payable twice in any Benefit Year.

Sealants

D1351 – Sealant – per tooth – unrestored permanent molars

- ❖ Sealants are payable only for the occlusal (biting) surface of unrestored permanent molars, free from decay and restorations.
- ❖ Sealants are a Benefit payable once in any three-year period per tooth.

D1352 – Preventive resin restorations in a moderate to high caries risk patient – permanent tooth

- ❖ Payable one sealant per tooth in any three-year period.
-

Basic Services

Minor Restorative Services (local anesthesia is considered to be part of restorative procedures)

D2140 – amalgam – one surface, primary or permanent

D2150 – amalgam – two surfaces, primary or permanent

D2160 – amalgam – three surfaces, primary or permanent

D2161 – amalgam – four or more surfaces, primary or permanent

D2330 – resin-based composite – one surface, anterior

D2331 – resin-based composite – two surfaces, anterior

D2332 – resin-based composite – three surfaces, anterior

D2335 – resin-based composite – four or more surfaces or involving incisal angle (anterior)

- ❖ Tooth preparations, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration.
 - ❖ Tooth preparation, all adhesive (including amalgam bonding agents), liners and bases are included as part of the restoration.
-

D2930 – prefabricated stainless steel crown – primary tooth

D2931 – prefabricated stainless steel crown – permanent tooth

- ❖ Stainless steel crowns are payable once per tooth in any five-year period.
-

D2940 – sedative filling

D2951 – pin retention – per tooth, in addition to restoration

Oral Surgery Services (includes local anesthesia, suturing, if needed, and routine postoperative care)

D7140 – extraction, erupted tooth or exposed root (elevation and/or forceps removal).

D7210 – surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth

D7220 – removal of impacted tooth – soft tissue

D7230 – removal of impacted tooth – partial bony

D7240 – removal of impacted tooth – completely bony

D7241 – removal of impacted tooth – completely bony, with unusual surgical complications

D7250 – surgical removal of residual tooth roots (cutting procedure)

D7251 – coronectomy – intentional partial tooth removal

D7270 – tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

D7280 – surgical access of an unerupted tooth

D7310 – alveoloplasty in conjunction with extractions – per quadrant

D7311 – alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

D7320 – alveoloplasty not in conjunction with extractions – per quadrant

D7321 – alveoloplasty, not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7471 – removal of exostosis
D7510 – incision and drainage of abscess – intraoral soft tissue
D7910 – suture of recent small wounds up to 5 cm
D7971 – excision of pericoronal gingiva

Endodontic Services

D3220 – therapeutic pulpotomy (excluding final restoration)
D3222 – Partial Pulpotomy for Apexogenesis – permanent tooth with incomplete root development.
*** If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a Covered Service since it is considered a part of the root canal procedure and Benefits are not payable separately.

D3230 – pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
D3240 – pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)
❖ Benefit for root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth.
❖ Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime.

D3310 – anterior (excluding final restoration)
D3320 – bicuspid (excluding final restoration)
D3330 – molar (excluding final restoration)
D3346 – retreatment of previous root canal therapy – anterior
D3347 – retreatment of previous root canal therapy – bicuspid
D3348 – retreatment of previous root canal therapy – molar
D3351 – apexification/recalcification – initial visit (apical closure/calcific repair or perforations, root resorptions)
D3352 – apexification/recalcification – interim visit (apical closure/calcific repair or perforations, root resorptions)
D3353 – apexification/recalcification – final visit (includes completed root canal therapy – apical closure/ calcific repair or perforations, root resorptions, etc)
D3354 – Pulpal regeneration (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp) does not include final restoration.
D3410 – apicoectomy/periradicular surgery – anterior
D3421 – apicoectomy/periradicular surgery – bicuspid (first root)
D3425 – apicoectomy/periradicular surgery – molar (first root)
D3426 – apicoectomy/periradicular surgery – (each additional root)
D3450 – root amputation – per root
D3920 – hemisection (including any root removal), not including root canal therapy

Periodontic Services

D4210 – gingivectomy or gingivoplasty – four or more teeth
D4240 – gingival flap procedure, including root planning – four or more teeth
D4260 – osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant
❖ Benefits for the foregoing periodontal surgical services are payable once in any three-year period.

D4211 – gingivectomy or gingivoplasty – one to three teeth
D4249 – clinical crown lengthening – hard tissue
D4270 – pedicle soft tissue graft procedure
D4271 – free soft tissue graft procedure (including donor site surgery)
D4273 – subepithelial connective tissue graft procedures (including donor site surgery)
D4341 – periodontal scaling and root planning, four or more teeth per quadrant
D4342 – periodontal scaling and root planning, one to three teeth, per quadrant
❖ Benefits for the foregoing scaling and root planning are payable once, per quadrant, in any two-year period.

D4355 – full mouth debridement to enable comprehensive periodontal evaluation and diagnosis
❖ Full mouth debridement is payable once per lifetime.

D4910 – periodontal maintenance procedures (following active therapy).
❖ Benefits for periodontal maintenance following therapy, including adult prophylaxis are payable twice in any Benefit Year.

Relines and Repairs

D5410 – adjust complete denture – maxillary
D5411 – adjust complete denture – mandibular
D5421 – adjust partial denture – maxillary
D5422 – adjust partial denture – mandibular
D5510 – repair broken complete denture base
D5520 – replace missing or broken teeth – complete denture (each tooth)
D5610 – repair resin denture base
D5620 – repair cast framework
D5630 – repair or replace broken clasp
D5640 – replace broken teeth – per tooth
D5650 – add tooth to existing partial denture
D5660 – add clasp to existing partial denture
D5710 – rebase complete maxillary denture
D5720 – rebase maxillary partial denture
D5721 – rebase mandibular partial denture
D5730 – reline complete maxillary denture
D5731 – reline complete mandibular denture
D5740 – reline maxillary partial denture
D5741 – reline mandibular partial denture
D5750 – reline complete maxillary denture (laboratory)
D5751 – reline complete mandibular denture (laboratory)
D5760 – reline maxillary partial denture (laboratory)
D5761 – reline mandibular partial denture (laboratory)
❖ Benefits for the foregoing rebase and reline of a complete or partial denture base are payable one in any three-year period per appliance, six months after the initial installation

D5850 – tissue conditioning denture (maxillary)
D5851 – tissue conditioning denture (mandibular)

D6930 – recement fixed partial denture
D6980 – fixed partial denture repair by report

Other Basic Services

D0340 – cephalometric images
D0350 – Oral/facial photographic images
D0470 – diagnostic models
D9220 – deep sedation/general anesthesia – first 30 minutes
D9221 – deep sedation/general anesthesia – each additional 15 minutes
D9241 – intravenous conscious sedation/analgesia – first 30 minutes
D9242 – intravenous conscious sedation/analgesia – each additional 15 minutes
D9310 – consultation (diagnostic service provided by dentist other than practitioner providing treatment).
D9610 – therapeutic drug injection by report
D9930 – treatment of complications (post-surgical) – unusual circumstances, by report
D9940 – occlusal guard, by report
❖ Benefits for an occlusal guard are payable once per Benefit Year for individuals 13 years of age or older and less than 19 years of age.

Major Services

Major Restorative Services

D2510 Inlay – metallic – one surface, an alternate benefit will be provided
D2520 Inlay – metallic – two surfaces, an alternate benefit will be provided

D2530 Inlay – metallic – three surfaces, an alternate benefit will be provided
 D2542 – onlay – metallic – two surfaces
 D2543 – onlay – metallic – three surfaces
 D2544 – onlay – metallic – four or more surfaces
 D2740 – crown – porcelain/ceramic substrate
 D2750 – crown – porcelain fused to high noble metal
 D2751 – crown – porcelain fused to predominantly base metal
 D2752 – crown – porcelain fused to noble metal
 D2780 – crown – 3/4 cast high noble metal
 D2781 – crown – 3/4 cast predominantly base metal
 D2783 – crown – 3/4 porcelain/ceramic (This code does not include facial veneers)
 D2790 – crown – full cast high noble metal
 D2791 – crown – full cast predominantly base metal
 D2792 – crown – full cast noble metal
 D2794 – crown – titanium
 D2950 – core buildup, including any pins
 D2954 – prefabricated post and core in addition to crown (core is built around prefabricated post, this includes core material)

- ❖ Benefits for the foregoing onlays and crowns are payable once per tooth in any five-year period.
- ❖ Benefits for core buildups, cast posts and cores and prefabricated posts are limited to one procedure per tooth
- ❖ Benefits for porcelain, porcelain/ ceramic substrate, porcelain/resin processed to metal, and cast restorations are not payable for Children less than 12 years of age.

D2910 – recement inlay
 D2920 – recement crown
 D2980 – crown repair

Prosthodontic Services

D5110 – complete denture – maxillary
 D5120 – complete denture – mandibular
 D5130 – immediate denture – maxillary
 D5140 – immediate denture – mandibular

- ❖ Benefits for one complete upper and one complete lower denture are payable once in any five-year period.

D5211 – maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
 D5212 – mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
 D5213 – maxillary partial denture – cast metal framework- resin denture base (including any conventional clasps, rests and teeth)
 D5214 – mandibular partial denture – cast metal framework- resin denture base (including any conventional clasps, rests and teeth)
 D5281 – removable unilateral partial denture – one piece cast metal (including clasps and teeth)

- ❖ Benefits for a partial denture are payable only once per arch in any five-year period.

D6010 – endosteal implant
 D6012 – surgical placement of interim implant body
 D6040 – eposteal implant
 D6050 – transosteal implant, including hardware
 D6055 – connecting bar – implant or abutment supported
 D6056 – Prefabricated abutment
 D6058 – abutment supported porcelain/ceramic crown
 D6059 – abutment supported porcelain fused to high noble metal
 D6060 – abutment supported porcelain fused to predominantly base metal crown
 D6061 – abutment supported porcelain fused to noble metal crown
 D6062 – abutment supported cast high noble metal crown
 D6063 – abutment supported cast predominantly base metal crown
 D6064 – abutment supported cast noble metal crown

D6065 – implant supported porcelain/ceramic crown
D6066 – implant supported porcelain fused to high metal crown
D6067 – implant supported metal crown
D6068 – abutment supported retainer for porcelain/ceramic FPD
D6069 – abutment supported retainer for porcelain fused to metal FPD
D6070 – abutment supported retainer for porcelain fused to predominantly base metal FPD
D6071 – abutment supported retainer for porcelain fused to noble metal FPD
D6072 – abutment supported retainer for cast high noble metal FPD
D6073 – abutment supported retainer for cast predominantly base metal FPD
D6074 – abutment supported retainer for cast noble metal FPD
D6075 – implant supported retainer for ceramic FPD
D6076 – implant supported retainer for porcelain fused to high noble metal FPD
D6077 – implant supported retainer for cast metal FPD
D6078 – implant/ abutment supported fixed partial denture for completely edentulous arch
D6079 – implant/abutment supported fixed denture for partially edentulous arch
D6080 – implant maintenance procedures
D6090 – repair implant prosthesis
D6091 – replacement of semi-precision or precision attachment
D6095 – repair implant abutment
D6100 – implant removal
D6190 – implant index
❖ Benefits for the foregoing abutments and implants are payable once in any five-year period.

D6053 – implant supported complete denture
D6054 – implant supported partial denture
D6210 – pontic – cast high noble metal
D6211 – pontic – cast predominantly base metal
D6212 – pontic – cast noble metal
D6214 – pontic – titanium
D6240 – pontic – porcelain fused to high noble metal
D6241 – pontic – porcelain fused to predominantly base metal
D6242 – pontic – porcelain fused to noble metal
D6245 – pontic – porcelain/ceramic
D6519 – inlay/onlay – porcelain/ceramic
D6520 – inlay – metallic- two surfaces
D6530 – inlay – metallic – three or more surfaces
D6543 – onlay – metallic – three surfaces
D6544 – onlay – metallic – four or more surfaces
D6545 – retainer – cast metal for resin bonded fixed prosthesis
D6548 – retainer – porcelain/ceramic for resin bonded fixed prosthesis
D6740 – crown – porcelain/ceramic
D6750 – crown – porcelain fused to high noble metal
D6751 – crown – porcelain fused to predominantly base metal
D6752 – crown – porcelain fused to noble metal
D6780 – crown – 3/4 cast high noble metal
D6781 – crown – 3/4 cast predominantly base metal
D6782 – crown – 3/4 cast noble metal
D6783 – crown – 3/4 porcelain/ceramic
D6790 – crown – full cast high noble metal
D6791 – crown – full cast predominantly base metal
D6792 – crown – full cast noble metal
❖ Benefits for the foregoing pontics, inlays, onlays, retainers and crowns are payable only once in any five-year period.

D6973 – core build up for retainer, including any pins
❖ Benefits for the foregoing partial denture, fixed bridge or removable bridge and any associated services (such as substructure, attachments, cores, coping, etc.) are payable once in any five-year period.

Orthodontic Services

D8010 – limited orthodontic treatment of the primary dentition
D8020 – limited orthodontic treatment of the transitional dentition
D8030 – limited orthodontic treatment of the adolescent dentition
D8050 – interceptive orthodontic treatment of the primary dentition
D8060 – interceptive orthodontic treatment of the transitional dentition
D8070 – comprehensive orthodontic treatment of the transitional dentition
D8080 – comprehensive orthodontic treatment of the adolescent dentition
D8210 – removable appliance therapy
D8220 – fixed appliance therapy
D8660 – pre-orthodontic treatment visit
D8670 – periodic orthodontic treatment visit (as part of contract)

- ❖ Benefits for the foregoing Orthodontic Services are payable only to the extent said services are “medically necessary” and only up until the age of 19.

D8680 – orthodontic retention (removal of appliances, construction and placement of retainer(s)).

- ❖ Benefits for the foregoing Orthodontic Service are payable only to the extent said services are “medically necessary” and only up until the age of 19.
- ❖ Benefits for orthodontic retention are payable whether billed in conjunction with other orthodontic services or billed separately.

Delta Dental of Tennessee
Certificate of Coverage – Benefit Summary Page

Group Name: [Group Name] **Group Number:** [####]

Provider Network: Delta Dental PPO (Point-of-Service) **Benefit Year:** January 1 through December 31

Non EHB Covered Services –

[includes all Covered Services that are not
Essential Health Benefits as defined by the
Patient Protection and Affordable Care Act.]

	PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
[Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers]	[0-100]%	[0-100]%	[0-100]%
Brush Biopsy - to detect oral cancer	[0-100]%	[0-100]%	[0-100]%
Radiographs - X-rays	[0-100]%	[0-100]%	[0-100]%
Periodontal Maintenance - cleanings following periodontal therapy]	[0-100]%	[0-100]%	[0-100]%
[Basic Services]			
[Emergency Palliative Treatment - to temporarily relieve pain]	[0-100]%	[0-100]%	[0-100]%
Sealants - to prevent decay of permanent teeth	[0-100]%	[0-100]%	[0-100]%
Minor Restorative Services - fillings	[0-100]%	[0-100]%	[0-100]%
Endodontic Services - root canals	[0-100]%	[0-100]%	[0-100]%
Periodontic Services - to treat gum disease	[0-100]%	[0-100]%	[0-100]%
Oral Surgery Services - extractions and dental surgery	[0-100]%	[0-100]%	[0-100]%
Other Basic Services - misc. services	[0-100]%	[0-100]%	[0-100]%
Adjustments and Repairs - to bridges and dentures]	[0-100]%	[0-100]%	[0-100]%
[Major Services]			
[Crown Repair - to individual crowns]	[0-100]%	[0-100]%	[0-100]%
Major Restorative Services - crowns	[0-100]%	[0-100]%	[0-100]%
Relines and Rebase - to dentures	[0-100]%	[0-100]%	[0-100]%
Implant Repair - implant maintenance, repair, and removal	[0-100]%	[0-100]%	[0-100]%
Prosthodontic Services - bridges, implants, and dentures]	[0-100]%	[0-100]%	[0-100]%
[Orthodontic Services]			
[Supplemental Orthodontic Services – braces]	[0-100]%	[0-100]%	[0-100]%

[Orthodontic Age Limit -	[Up to age 0-99]	[Up to age 0-99]	[Up to age 0-99]]
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* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

[Oral exams (including evaluations by a specialist) are payable [twice] per [calendar/Benefit] year.]

[Prophylaxes (cleanings) are payable [twice] per [calendar/Benefit] year.]

[People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.]

[Fluoride treatments are payable [twice] per [calendar/Benefit] year for people up to age [XX].]

[Bitewing X-rays are payable [once] per [calendar/Benefit] year and full mouth X-rays (which include bitewing X-rays) are payable [once] in any [five] year period.]

[Composite resin (white) restorations are Covered Services on posterior teeth.]

[Porcelain crowns are optional treatment on posterior teeth.]

[Implants and implant related services are payable once per tooth in any [five-]year period.]

Annual and Lifetime Maximum Payments for Non-EHB Covered Services – For individuals 19 years of age or older, or individuals under the age of 19 seeking Non-EHB Covered Services, the Maximum Payment is [0-\$XXXXX] per individual total per Benefit Year on all services except [Orthodontic] Services. For individuals 19 years of age or older, the Maximum Payment is [[0-\$XXXXX] per individual total per [lifetime] for [Orthodontic] Services.] [For individuals under the age of 19, the Maximum Payment is [0-\$XXXX] per individual total per [lifetime] for [non medically necessary Orthodontic] Services.]

[Maximum Carryover – If at least one Non-EHB Covered Service is paid in a Benefit Year and the total Benefit paid does not exceed \$[1-XXXXX] in that Benefit Year, \$[1-XXXXX] will carry over to the next Benefit Year's Maximum Payment. This amount will accumulate from one Benefit Year to the next, but will not exceed \$[1-XXXXX].]

Out-of Pocket Maximum Payment for Non-EHB Covered Services – An Out-of-Pocket Maximum is the maximum amount that you or your Eligible Dependent will pay for Covered Services throughout a Benefit Year. There is no Out-of-Pocket Maximum Payment for Non-EHB Covered Services. You will be responsible for all Copayments, Deductibles, Balanced Billing Amounts and other out-of-pocket expenses

associated with all Non-EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

Deductibles for Non-EHB Covered Services - For individuals 19 years of age or older, or individuals under the age of 19 seeking Non-EHB Covered Services, the Deductible per individual per Benefit Year is [\$25-100], limited to a maximum Deductible of [\$75-300] per family per Benefit Year for [Diagnostic and Preventive, Basic, and Major Services] [The Deductible does not apply to Diagnostic and Preventive or Orthodontic Services.]

[None.]

Waiting Period for Non-EHB Covered Services – [Employees who are eligible for Benefits are covered on [the date of hire] [the first day [of the month] following [XX days/months/years] of employment.]]

Special Enrollment Notations - Employees are eligible on the first day of the month following [0180] days of continuous employment.

Dependent Age Limit: 26

Each of the Covered Services listed at the end of this Summary of Dental Plan Benefits are considered Essential Health Benefits, as that term is defined in the Patient Protection and Affordable Care Act, as amended (“PPACA”), to the extent that such Covered Services are provided to an individual under the age of 19 (“EHB Covered Services”). In the event an individual under the age of 19 receives an EHB Covered Service, that EHB Covered Service shall be subject to the specific Copayments, Out-of-Pocket Maximums, Maximum Payments, Deductibles, Waiting Periods and frequency limitations set forth below. In no event will the general frequency limitations found in your Certificate apply to any of the EHB Covered Services listed in this Summary of Dental Plan Benefits. The remaining general exclusions and limitations found in your Certificate shall only apply to EHB Covered Services to the extent those general exclusions and limitations do not conflict with the specific Copayments, Out-of-Pocket Maximums, Maximum Payments, Deductibles, Waiting Periods and frequency limitations found in this Summary of Dental Plan Benefits.

Non EHB Covered Services –

[includes all Covered Services that are not Essential Health Benefits as defined by the Patient Protection and Affordable Care Act.]

	PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
[Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	[0-100]%	[0-100]%	[0-100]%
Brush Biopsy - to detect oral cancer	[0-100]%	[0-100]%	[0-100]%
Radiographs - X-rays	[0-100]%	[0-100]%	[0-100]%

Periodontal Maintenance - cleanings following periodontal therapy]	[0-100]%	[0-100]%	[0-100]%
[Basic Services]			
[Emergency Palliative Treatment - to temporarily relieve pain	[0-100]%	[0-100]%	[0-100]%
Sealants - to prevent decay of permanent teeth	[0-100]%	[0-100]%	[0-100]%
Minor Restorative Services - fillings	[0-100]%	[0-100]%	[0-100]%
Endodontic Services - root canals	[0-100]%	[0-100]%	[0-100]%
Periodontic Services - to treat gum disease	[0-100]%	[0-100]%	[0-100]%
Oral Surgery Services - extractions and dental surgery	[0-100]%	[0-100]%	[0-100]%
Other Basic Services - misc. services	[0-100]%	[0-100]%	[0-100]%
Adjustments and Repairs - to bridges and dentures]	[0-100]%	[0-100]%	[0-100]%
[Major Services]			
[Crown Repair - to individual crowns	[0-100]%	[0-100]%	[0-100]%
Major Restorative Services - crowns	[0-100]%	[0-100]%	[0-100]%
Relines and Rebase - to dentures	[0-100]%	[0-100]%	[0-100]%
Implant Repair - implant maintenance, repair, and removal	[0-100]%	[0-100]%	[0-100]%
Prosthodontic Services - bridges, implants, and dentures]	[0-100]%	[0-100]%	[0-100]%
[[Orthodontic Services]			
[Orthodontic Services – Medically Necessary orthodontia]	[0-100]%	[0-100]%	[0-100]%
[Orthodontic Age Limit -	[Up to age 0-99]	[Up to age 0-99]	[Up to age 0-99]

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

In-Network Out-of-Pocket Maximum for EHB Covered Services – An Out-of-Pocket Maximum is the maximum amount that you or an Eligible Dependent will pay for Covered Services throughout a Benefit Year. For all In-Network EHB Covered Services provided to individuals under the age of 19, your maximum out-of-pocket payments under this Certificate shall be \$700 per Benefit Year if this Certificate covers one individual under the age of 19, or \$1400 per Benefit Year if this Certificate covers two or more individuals under the age of 19. Any Copayments, Deductibles or other out-of-pocket expenses paid by you for In-Network EHB Covered Services provided to individuals under the age of 19 shall count toward that In-Network Out-of-Pocket Maximum. The In-Network Out-of-Pocket Maximum will not include any amounts paid for the following: (i) premiums; (ii) payments made by you for Non-Covered Services; (iii) payments made by you to Out-of-Network Dentists; (iv) Copayments, Deductibles or other out-of-pocket expenses paid by you for services other than EHB Covered Services; or (v) Copayments, Deductibles or

other out-of-pocket expenses paid by you for EHB Covered Services provided to individuals 19 years of age and older. Once your applicable In-Network Out-of-Pocket Maximum is reached for the Benefit Year, all In-Network EHB Covered Services provided to individuals under the age of 19 will be covered at 100% of the Maximum Approved Fee.

Out-of-Network Out-of-Pocket Maximum for EHB Covered Services –There is no annual Out-of-Pocket Maximum for Out-of-Network EHB Covered Services. You will be responsible for all Copayments, Deductibles, Balanced Billing Amounts and other out-of-pocket expenses associated with all Out-of-Network EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

Annual and Lifetime Maximum Payments for EHB Covered Services–For all EHB Covered Services provided to individuals under the age of 19, there are no annual or lifetime Maximum Payments.

Deductibles for EHB Covered Services – [For individuals under the age of 19 seeking EHB Covered Services, the Deductible is [\$25-100] per individual per Benefit Year, limited to a maximum Deductible of [\$75-300] for all individuals under the age of 19 covered by this Certificate per Benefit Year.]

[None.]

Waiting Period for EHB Covered Services – [With the exception of medically necessary Orthodontic Services, in which case the waiting period is [0-24 months]], there are no waiting periods for individuals under the age of 19 seeking EHB Covered Services.

Delta Dental of Tennessee Declaration Page

Group Name: [Group Name] Group Number: [#####]

Group Address: [Address]

City, State, Zip Code: [City, State, Zip]

Contract Effective Date: [MMMM DD, YYYY] Contract Renewal Date: [MMMM DD, YYYY]

Benefit year: January 1 through December 31 Provider Network: Delta Dental PPO (Point-of-Service)

Eligibility Requirements

All permanent, full time EMPLOYEES who work a minimum of 30 hours per week who are hired on or prior to the EFFECTIVE DATE are eligible for enrollment on the EFFECTIVE DATE or when they have met the GROUP's eligibility requirements.

Employees are eligible on the first day of the month following [0-180] days of continuous employment.

The Dependent Age Limit under this Contract is to age: 26

Monthly Premiums per enrolled member

Age	Per member per month	
0-19	[\$XX.XX]	Up to 3 members per family
20-34	[\$XX.XX]	
35-44	[\$XX.XX]	
45-54	[\$XX.XX]	
55-64	[\$XX.XX]	
65+	[\$XX.XX]	

These rates are contingent upon the enrollment of a minimum of [0-100] percent of the eligible members of the defined group and their eligible dependents with [0-100] percent of the cost paid by the GROUP.

This plan requires a minimum of [##] enrolled primary Subscribers. The GROUP will be billed for the greater of the actual number of Subscribers or the minimum number of Subscribers.

Premiums will be deemed delinquent if not paid as billed and received by the 5th of each month.

Non-EHB Covered Services

**[includes all Covered Services that are not
Essential Health Benefits as defined by the
Patient Protection and Affordable Care Act.]**

	PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays
Diagnostic & Preventive			
[Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	[0-100]%	[0-100]%	[0-100]%
Brush Biopsy - to detect oral cancer	[0-100]%	[0-100]%	[0-100]%
Radiographs - X-rays	[0-100]%	[0-100]%	[0-100]%
Periodontal Maintenance - cleanings following periodontal therapy]	[0-100]%	[0-100]%	[0-100]%
[Basic Services]			
[Emergency Palliative Treatment - to temporarily relieve pain	[0-100]%	[0-100]%	[0-100]%

Sealants - to prevent decay of permanent teeth	[0-100]%	[0-100]%	[0-100]%
Minor Restorative Services - fillings	[0-100]%	[0-100]%	[0-100]%
Endodontic Services - root canals	[0-100]%	[0-100]%	[0-100]%
Periodontic Services - to treat gum disease	[0-100]%	[0-100]%	[0-100]%
Oral Surgery Services - extractions and dental surgery	[0-100]%	[0-100]%	[0-100]%
Other Basic Services - misc. services	[0-100]%	[0-100]%	[0-100]%
Adjustments and Repairs - to bridges and dentures]	[0-100]%	[0-100]%	[0-100]%
[Major Services]			
[Crown Repair - to individual crowns	[0-100]%	[0-100]%	[0-100]%
Major Restorative Services - crowns	[0-100]%	[0-100]%	[0-100]%
Relines and Rebase - to dentures	[0-100]%	[0-100]%	[0-100]%
Implant Repair - implant maintenance, repair, and removal	[0-100]%	[0-100]%	[0-100]%
Prosthodontic Services - bridges, implants, and dentures]	[0-100]%	[0-100]%	[0-100]%
[Orthodontic Services]			
[Orthodontic Services – supplemental orthodontics	[0-100]%	[0-100]%	[0-100]%
[Orthodontic Age Limit -	Up to age [0-99]	Up to age [0-99]	Up to age [0-99]

- [Oral exams (including evaluations by a specialist) are payable [twice] per [calendar/Benefit] year.]
- [Prophylaxes (cleanings) are payable [twice] per [calendar/Benefit] year.]
- [People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.]
- [Fluoride treatments are payable [twice] per [calendar/Benefit] year for people up to age [XX].]
- [Bitewing X-rays are payable [once] per [calendar/Benefit] year and full mouth X-rays (which include bitewing X-rays) are payable [once] in any [five] year period.]
- [Composite resin (white) restorations are Covered Services on posterior teeth.]
- [Porcelain crowns are optional treatment on posterior teeth.]
- [Implants and implant related services are payable once per tooth in any [five-]year period.]

Deductibles for Non-EHB Covered Services - For individuals 19 years of age or older, or individuals under the age of 19 seeking Non-EHB Covered Services, the Deductible per individual per Benefit Year is [\$25-100], limited to a maximum Deductible of [\$75-300] per family per Benefit Year for [Diagnostic and Preventive, Basic, and Major Services] [The Deductible does not apply to Diagnostic and Preventive or Orthodontic Services.]

[None.]

Annual and Lifetime Maximum Payments for Non-EHB Covered Services – For individuals 19 years of age or older, or individuals under the age of 19 seeking Non-EHB Covered Services, the Maximum Payment is [0-\$XXXXX] per individual total per Benefit Year on all services except [Orthodontic] Services. For individuals 19 years of age or older, the Maximum Payment is [[0-\$XXXXX] per individual total per [lifetime] for [Orthodontic] Services.] [For individuals under the age of 19, the Maximum Payment is [0-\$XXXX] per individual total per [lifetime] for [non medically necessary Orthodontic] Services.]

[Maximum Carryover – If at least one Non-EHB Covered Service is paid in a Benefit Year and the total Benefit paid does not exceed \$[1-XXXXX] in that Benefit Year, \$[1-XXXXX] will carry over to the next Benefit Year's Maximum Payment. This amount will accumulate from one Benefit Year to the next, but will not exceed \$[1-XXXXX].]

Out-of-Pocket Maximum Payment for Non-EHB Covered Services – An Out-of-Pocket Maximum is the maximum amount that you or your Eligible Dependent will pay for Covered Services throughout a Benefit Year. There is no Out-of-Pocket Maximum Payment for Non-EHB Covered Services. You will be responsible for all

Copayments, Deductibles, Balanced Billing Amounts and other out-of-pocket expenses associated with all Non-EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

Waiting Period for Non-EHB Covered Services – [Employees who are eligible for Benefits are covered on [the date of hire] [the first day [of the month] following [XX days/months/years] of employment.]]

Each of the Covered Services listed at the end of this Summary of Dental Plan Benefits are considered Essential Health Benefits, as that term is defined in the Patient Protection and Affordable Care Act, as amended (“PPACA”), to the extent that such Covered Services are provided to an individual under the age of 19 (“EHB Covered Services”). In the event an individual under the age of 19 receives an EHB Covered Service, that EHB Covered Service shall be subject to the specific Copayments, Out-of-Pocket Maximums, Maximum Payments, Deductibles, Waiting Periods and frequency limitations set forth below. In no event will the general frequency limitations found in your Certificate apply to any of the EHB Covered Services listed in this Declaration Page. The remaining general exclusions and limitations found in your Certificate shall only apply to EHB Covered Services to the extent those general exclusions and limitations do not conflict with the specific Copayments, Out-of-Pocket Maximums, Maximum Payments, Deductibles, Waiting Periods and frequency limitations found in this Declaration Page.

EHB Covered Services

For individuals under the age of 19

	PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays
Diagnostic & Preventive			
[Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	[0-100]%	[0-100]%	[0-100]%
Brush Biopsy - to detect oral cancer	[0-100]%	[0-100]%	[0-100]%
Radiographs - X-rays	[0-100]%	[0-100]%	[0-100]%
Periodontal Maintenance - cleanings following periodontal therapy]	[0-100]%	[0-100]%	[0-100]%
[Basic Services]			
[Emergency Palliative Treatment - to temporarily relieve pain	[0-100]%	[0-100]%	[0-100]%
Sealants - to prevent decay of permanent teeth	[0-100]%	[0-100]%	[0-100]%
Minor Restorative Services - fillings	[0-100]%	[0-100]%	[0-100]%
Endodontic Services - root canals	[0-100]%	[0-100]%	[0-100]%
Periodontic Services - to treat gum disease	[0-100]%	[0-100]%	[0-100]%
Oral Surgery Services - extractions and dental surgery	[0-100]%	[0-100]%	[0-100]%
Other Basic Services - misc. services	[0-100]%	[0-100]%	[0-100]%
Adjustments and Repairs - to bridges and dentures]	[0-100]%	[0-100]%	[0-100]%
[Major Services]			
[Crown Repair - to individual crowns	[0-100]%	[0-100]%	[0-100]%
Major Restorative Services - crowns	[0-100]%	[0-100]%	[0-100]%
Relines and Rebase - to dentures	[0-100]%	[0-100]%	[0-100]%
Implant Repair - implant maintenance, repair, and removal	[0-100]%	[0-100]%	[0-100]%
Prosthodontic Services - bridges, implants, and dentures]	[0-100]%	[0-100]%	[0-100]%
[Orthodontic Services]			
[Orthodontic Services – medically necessary	[0-100]%	[0-100]%	[0-100]%
[Orthodontic Age Limit -	Up to age [0-99]	Up to age [0-99]	Up to age [0-99]

In-Network Out-of-Pocket Maximum for EHB Covered Services – An Out-of-Pocket Maximum is the maximum amount that you or an Eligible Dependent will pay for Covered Services throughout a Benefit Year. For all In-Network EHB Covered Services provided to individuals under the age of 19, your maximum out-of-pocket payments under this Certificate shall be \$700 per Benefit Year if this Certificate covers one individual under the age of 19, or \$1400 per Benefit Year if this Certificate covers two or more individuals under the age of 19.

19. Any Copayments, Deductibles or other out-of-pocket expenses paid by you for In-Network EHB Covered Services provided to individuals under the age of 19 shall count toward that In-Network Out-of-Pocket Maximum. The In-Network Out-of-Pocket Maximum will not include any amounts paid for the following: (i) premiums; (ii) payments made by you for Non-Covered Services; (iii) payments made by you to Out-of-Network Dentists; (iv) Copayments, Deductibles or other out-of-pocket expenses paid by you for services other than EHB Covered Services; or (v) Copayments, Deductibles or other out-of-pocket expenses paid by you for EHB Covered Services provided to individuals 19 years of age and older. Once your applicable In-Network Out-of-Pocket Maximum is reached for the Benefit Year, all In-Network EHB Covered Services provided to individuals under the age of 19 will be covered at 100% of the Maximum Approved Fee.

Out-of-Network Out-of-Pocket Maximum for EHB Covered Services –There is no annual Out-of-Pocket Maximum for Out-of-Network EHB Covered Services. You will be responsible for all Copayments, Deductibles, Balanced Billing Amounts and other out-of-pocket expenses associated with all Out-of-Network EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

Annual and Lifetime Maximum Payments for EHB Covered Services–For all EHB Covered Services provided to individuals under the age of 19, there are no annual or lifetime Maximum Payments.

Deductibles for EHB Covered Services – [For individuals under the age of 19 seeking EHB Covered Services, the Deductible is [\$25-100] per individual per Benefit Year, limited to a maximum Deductible of [\$75-300] for all individuals under the age of 19 covered by this Certificate per Benefit Year.]

[None.]

EHB Covered Services

The following services are EHB Covered Services to the extent they are received by an individual under the age of 19:

Diagnostic and Preventive Services

Examinations/Evaluations

- D0120 – periodic oral evaluation
- D0140 – limited oral evaluation – problem focused
- D0150 – comprehensive oral evaluation
- D0160 – detailed and extensive oral evaluation (problem focused by report)
- D0180 – Oral examination, comprehensive periodontal evaluation
 - ❖ Benefits for the foregoing clinical oral evaluations are payable twice in any Benefit Year, whether provided under one or more Delta Dental plan(s).

Cleanings (Prophylaxes)

- D1110 – prophylaxis – adult
- D1120 – prophylaxis – child
 - ❖ Benefits for prophylaxis including periodontal maintenance are payable twice in any Benefit Year. Benefits for full mouth debridement is payable once in a lifetime.

Fluoride Treatment

- D1203 – topical application of fluoride (prophylaxis not included)
- D1204 – topical application of fluoride (prophylaxis not included)
- D1206 – topical fluoride varnish
 - ❖ Benefits for topical application of fluoride are payable twice in any Benefit Year.

Space maintainers

- D1510 – space maintainer – fixed – unilateral
- D1515 – space maintainer – fixed – bilateral
- D1520 – space maintainer – removable – unilateral
- D1525 – space maintainer – removable – bilateral
- D1550 – re-cementation of space maintainer

Emergency Palliative Treatment

- D9110 – palliative (emergency) treatment of dental pain – minor procedure

Radiographs (X-rays)

D0210 – intraoral-complete series (including bitewings)

D0330 – panoramic film

- ❖ Benefits for a complete intraoral radiographic series (including bitewing radiographs) or a panoramic film (with/or without bitewing films) are payable once in any five-year period.

D0220 – intraoral-periapical first film

D0230 – intraoral-periapical each additional film

D0240 – intraoral-occlusal film

D0270 – bitewing – single film

D0272 – bitewings – two films

D0274 – bitewings – four films

D0277 – bitewing, vertical, 7 to 8 films

- ❖ Benefits for bitewing images (posterior or vertical) are payable twice in any Benefit Year.

Sealants

D1351 – Sealant – per tooth – unrestored permanent molars

- ❖ Sealants are payable only for the occlusal (biting) surface of unrestored permanent molars, free from decay and restorations.
- ❖ Sealants are a Benefit payable once in any three-year period per tooth.

D1352 – Preventive resin restorations in a moderate to high caries risk patient – permanent tooth

- ❖ Payable one sealant per tooth in any three-year period.
-

Basic Services

Minor Restorative Services (local anesthesia is considered to be part of restorative procedures)

D2140 – amalgam – one surface, primary or permanent

D2150 – amalgam – two surfaces, primary or permanent

D2160 – amalgam – three surfaces, primary or permanent

D2161 – amalgam – four or more surfaces, primary or permanent

D2330 – resin-based composite – one surface, anterior

D2331 – resin-based composite – two surfaces, anterior

D2332 – resin-based composite – three surfaces, anterior

D2335 – resin-based composite – four or more surfaces or involving incisal angle (anterior)

- ❖ Tooth preparations, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration.
 - ❖ Tooth preparation, all adhesive (including amalgam bonding agents), liners and bases are included as part of the restoration.
-

D2930 – prefabricated stainless steel crown – primary tooth

D2931 – prefabricated stainless steel crown – permanent tooth

- ❖ Stainless steel crowns are payable once per tooth in any five-year period.
-

D2940 – sedative filling

D2951 – pin retention – per tooth, in addition to restoration

Oral Surgery Services (includes local anesthesia, suturing, if needed, and routine postoperative care)

D7140 – extraction, erupted tooth or exposed root (elevation and/or forceps removal).

D7210 – surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth

D7220 – removal of impacted tooth – soft tissue

D7230 – removal of impacted tooth – partial bony

D7240 – removal of impacted tooth – completely bony

D7241 – removal of impacted tooth – completely bony, with unusual surgical complications

D7250 – surgical removal of residual tooth roots (cutting procedure)

D7251 – coronectomy – intentional partial tooth removal

D7270 – tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

D7280 – surgical access of an unerupted tooth

D7310 – alveoloplasty in conjunction with extractions – per quadrant

D7311 – alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

D7320 – alveoloplasty not in conjunction with extractions – per quadrant
D7321 – alveoloplasty, not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7471 – removal of exostosis
D7510 – incision and drainage of abscess – intraoral soft tissue
D7910 – suture of recent small wounds up to 5 cm
D7971 – excision of pericoronal gingiva

Endodontic Services

D3220 – therapeutic pulpotomy (excluding final restoration)
D3222 – Partial Pulpotomy for Apexogenesis – permanent tooth with incomplete root development.
*** If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a Covered Service since it is considered a part of the root canal procedure and Benefits are not payable separately.

D3230 – pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
D3240 – pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)
❖ Benefit for root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth.
❖ Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime.

D3310 – anterior (excluding final restoration)
D3320 – bicuspid (excluding final restoration)
D3330 – molar (excluding final restoration)
D3346 – retreatment of previous root canal therapy – anterior
D3347 – retreatment of previous root canal therapy – bicuspid
D3348 – retreatment of previous root canal therapy – molar
D3351 – apexification/recalcification – initial visit (apical closure/calcific repair or perforations, root resorptions)
D3352 – apexification/recalcification – interim visit (apical closure/calcific repair or perforations, root resorptions)
D3353 – apexification/recalcification – final visit (includes completed root canal therapy – apical closure/ calcific repair or perforations, root resorptions, etc)
D3354 – Pulpal regeneration (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp) does not include final restoration.
D3410 – apicoectomy/periradicular surgery – anterior
D3421 – apicoectomy/periradicular surgery – bicuspid (first root)
D3425 – apicoectomy/periradicular surgery – molar (first root)
D3426 – apicoectomy/periradicular surgery – (each additional root)
D3450 – root amputation – per root
D3920 – hemisection (including any root removal), not including root canal therapy

Periodontic Services

D4210 – gingivectomy or gingivoplasty – four or more teeth
D4240 – gingival flap procedure, including root planning – four or more teeth
D4260 – osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant
❖ Benefits for the foregoing periodontal surgical services are payable once in any three-year period.

D4211 – gingivectomy or gingivoplasty – one to three teeth
D4249 – clinical crown lengthening – hard tissue
D4270 – pedicle soft tissue graft procedure
D4271 – free soft tissue graft procedure (including donor site surgery)
D4273 – subepithelial connective tissue graft procedures (including donor site surgery)
D4341 – periodontal scaling and root planning, four or more teeth per quadrant
D4342 – periodontal scaling and root planning, one to three teeth, per quadrant
❖ Benefits for the foregoing scaling and root planning are payable once, per quadrant, in any two-year period.

D4355 – full mouth debridement to enable comprehensive periodontal evaluation and diagnosis

- ❖ Full mouth debridement is payable once per lifetime.

D4910 – periodontal maintenance procedures (following active therapy).

- ❖ Benefits for periodontal maintenance following therapy, including adult prophylaxis are payable twice in any Benefit Year.

Relines and Repairs

D5410 – adjust complete denture – maxillary

D5411 – adjust complete denture – mandibular

D5421 – adjust partial denture – maxillary

D5422 – adjust partial denture – mandibular

D5510 – repair broken complete denture base

D5520 – replace missing or broken teeth – complete denture (each tooth)

D5610 – repair resin denture base

D5620 – repair cast framework

D5630 – repair or replace broken clasp

D5640 – replace broken teeth – per tooth

D5650 – add tooth to existing partial denture

D5660 – add clasp to existing partial denture

D5710 – rebase complete maxillary denture

D5720 – rebase maxillary partial denture

D5721 – rebase mandibular partial denture

D5730 – reline complete maxillary denture

D5731 – reline complete mandibular denture

D5740 – reline maxillary partial denture

D5741 – reline mandibular partial denture

D5750 – reline complete maxillary denture (laboratory)

D5751 – reline complete mandibular denture (laboratory)

D5760 – reline maxillary partial denture (laboratory)

D5761 – reline mandibular partial denture (laboratory)

- ❖ Benefits for the foregoing rebase and reline of a complete or partial denture base are payable one in any three-year period per appliance, six months after the initial installation

D5850 – tissue conditioning denture (maxillary)

D5851 – tissue conditioning denture (mandibular)

D6930 – recement fixed partial denture

D6980 – fixed partial denture repair by report

Other Basic Services

D0340 – cephalometric images

D0350 – Oral/facial photographic images

D0470 – diagnostic models

D9220 – deep sedation/general anesthesia – first 30 minutes

D9221 – deep sedation/general anesthesia – each additional 15 minutes

D9241 – intravenous conscious sedation/analgesia – first 30 minutes

D9242 – intravenous conscious sedation/analgesia – each additional 15 minutes

D9310 – consultation (diagnostic service provided by dentist other than practitioner providing treatment).

D9610 – therapeutic drug injection by report

D9930 – treatment of complications (post-surgical) – unusual circumstances, by report

D9940 – occlusal guard, by report

- ❖ Benefits for an occlusal guard are payable once per Benefit Year for individuals 13 years of age or older and less than 19 years of age.

Major Services

Major Restorative Services

D2510 Inlay – metallic – one surface, an alternate benefit will be provided

D2520 Inlay – metallic – two surfaces, an alternate benefit will be provided
 D2530 Inlay – metallic – three surfaces, an alternate benefit will be provided
 D2542 – onlay – metallic – two surfaces
 D2543 – onlay – metallic – three surfaces
 D2544 – onlay – metallic – four or more surfaces
 D2740 – crown – porcelain/ceramic substrate
 D2750 – crown – porcelain fused to high noble metal
 D2751 – crown – porcelain fused to predominantly base metal
 D2752 – crown – porcelain fused to noble metal
 D2780 – crown – 3/4 cast high noble metal
 D2781 – crown – 3/4 cast predominantly base metal
 D2783 – crown – 3/4 porcelain/ceramic (This code does not include facial veneers)
 D2790 – crown – full cast high noble metal
 D2791 – crown – full cast predominantly base metal
 D2792 – crown – full cast noble metal
 D2794 – crown – titanium
 D2950 – core buildup, including any pins
 D2954 – prefabricated post and core in addition to crown (core is built around prefabricated post, this includes core material)

- ❖ Benefits for the foregoing onlays and crowns are payable once per tooth in any five-year period.
- ❖ Benefits for core buildups, cast posts and cores and prefabricated posts are limited to one procedure per tooth
- ❖ Benefits for porcelain, porcelain/ ceramic substrate, porcelain/resin processed to metal, and cast restorations are not payable for Children less than 12 years of age.

D2910 – recement inlay
 D2920 – recement crown
 D2980 – crown repair

Prosthodontic Services

D5110 – complete denture – maxillary
 D5120 – complete denture – mandibular
 D5130 – immediate denture – maxillary
 D5140 – immediate denture – mandibular

- ❖ Benefits for one complete upper and one complete lower denture are payable once in any five-year period.

D5211 – maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
 D5212 – mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
 D5213 – maxillary partial denture – cast metal framework- resin denture base (including any conventional clasps, rests and teeth)
 D5214 – mandibular partial denture – cast metal framework- resin denture base (including any conventional clasps, rests and teeth)
 D5281 – removable unilateral partial denture – one piece cast metal (including clasps and teeth)

- ❖ Benefits for a partial denture are payable only once per arch in any five-year period.

D6010 – endosteal implant
 D6012 – surgical placement of interim implant body
 D6040 – eosteal implant
 D6050 – transosteal implant, including hardware
 D6055 – connecting bar – implant or abutment supported
 D6056 – Prefabricated abutment
 D6058 – abutment supported porcelain/ceramic crown
 D6059 – abutment supported porcelain fused to high noble metal
 D6060 – abutment supported porcelain fused to predominantly base metal crown
 D6061 – abutment supported porcelain fused to noble metal crown
 D6062 – abutment supported cast high noble metal crown
 D6063 – abutment supported cast predominantly base metal crown

D6064 – abutment supported cast noble metal crown
 D6065 – implant supported porcelain/ceramic crown
 D6066 – implant supported porcelain fused to high metal crown
 D6067 – implant supported metal crown
 D6068 – abutment supported retainer for porcelain/ceramic FPD
 D6069 – abutment supported retainer for porcelain fused to metal FPD
 D6070 – abutment supported retainer for porcelain fused to predominantly base metal FPD
 D6071 – abutment supported retainer for porcelain fused to noble metal FPD
 D6072 – abutment supported retainer for cast high noble metal FPD
 D6073 – abutment supported retainer for cast predominantly base metal FPD
 D6074 – abutment supported retainer for cast noble metal FPD
 D6075 – implant supported retainer for ceramic FPD
 D6076 – implant supported retainer for porcelain fused to high noble metal FPD
 D6077 – implant supported retainer for cast metal FPD
 D6078 – implant/ abutment supported fixed partial denture for completely edentulous arch
 D6079 – implant/abutment supported fixed denture for partially edentulous arch
 D6080 – implant maintenance procedures
 D6090 – repair implant prosthesis
 D6091 – replacement of semi-precision or precision attachment
 D6095 – repair implant abutment
 D6100 – implant removal
 D6190 – implant index
 ❖ Benefits for the foregoing abutments and implants are payable once in any five-year period.

D6053 – implant supported complete denture
 D6054 – implant supported partial denture
 D6210 – pontic – cast high noble metal
 D6211 – pontic – cast predominantly base metal
 D6212 – pontic – cast noble metal
 D6214 – pontic – titanium
 D6240 – pontic – porcelain fused to high noble metal
 D6241 – pontic – porcelain fused to predominantly base metal
 D6242 – pontic – porcelain fused to noble metal
 D6245 – pontic – porcelain/ceramic
 D6519 – inlay/onlay – porcelain/ceramic
 D6520 – inlay – metallic- two surfaces
 D6530 – inlay – metallic – three or more surfaces
 D6543 – onlay – metallic – three surfaces
 D6544 – onlay – metallic – four or more surfaces
 D6545 – retainer – cast metal for resin bonded fixed prosthesis
 D6548 – retainer – porcelain/ceramic for resin bonded fixed prosthesis
 D6740 – crown – porcelain/ceramic
 D6750 – crown – porcelain fused to high noble metal
 D6751 – crown – porcelain fused to predominantly base metal
 D6752 – crown – porcelain fused to noble metal
 D6780 – crown – 3/4 cast high noble metal
 D6781 – crown – 3/4 cast predominantly base metal
 D6782 – crown – 3/4 cast noble metal
 D6783 – crown – 3/4 porcelain/ceramic
 D6790 – crown – full cast high noble metal
 D6791 – crown – full cast predominantly base metal
 D6792 – crown – full cast noble metal
 ❖ Benefits for the foregoing pontics, inlays, onlays, retainers and crowns are payable only once in any five-year period.

D6973 – core build up for retainer, including any pins
 ❖ Benefits for the foregoing partial denture, fixed bridge or removable bridge and any associated services (such as substructure, attachments, cores, coping, etc.) are payable once in any five-year period.

Orthodontic Services

- D8010 – limited orthodontic treatment of the primary dentition
- D8020 – limited orthodontic treatment of the transitional dentition
- D8030 – limited orthodontic treatment of the adolescent dentition
- D8050 – interceptive orthodontic treatment of the primary dentition
- D8060 – interceptive orthodontic treatment of the transitional dentition
- D8070 – comprehensive orthodontic treatment of the transitional dentition
- D8080 – comprehensive orthodontic treatment of the adolescent dentition
- D8210 – removable appliance therapy
- D8220 – fixed appliance therapy
- D8660 – pre-orthodontic treatment visit
- D8670 – periodic orthodontic treatment visit (as part of contract)

- ❖ Benefits for the foregoing Orthodontic Services are payable only to the extent said services are “medically necessary” and only up until the age of 19.
-

D8680 – orthodontic retention (removal of appliances, construction and placement of retainer(s)).

- ❖ Benefits for the foregoing Orthodontic Service are payable only to the extent said services are “medically necessary” and only up until the age of 19.
 - ❖ Benefits for orthodontic retention are payable whether billed in conjunction with other orthodontic services or billed separately.
-

SERFF Tracking #:	DDTN-129058582	State Tracking #:	H-130813	Company Tracking #:	
State:	Tennessee	Filing Company:	Delta Dental of Tennessee		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	Small Group Standalone Pediatric Dental				
Project Name/Number:	Small Group Exchange Filing/2				

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Delta Dental of Tennessee	%	%				%	%

State:	Tennessee	Filing Company:	Delta Dental of Tennessee
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Small Group Standalone Pediatric Dental		
Project Name/Number:	Small Group Exchange Filing/2		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Template		New		Rate Tables Template.zip,
2		Rating Rules		New		Rating Business Rules Template.xls,

SERFF Tracking #:	DDTN-129058582	State Tracking #:	H-130813	Company Tracking #:	
State:	Tennessee	Filing Company:	Delta Dental of Tennessee		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	Small Group Standalone Pediatric Dental				
Project Name/Number:	Small Group Exchange Filing/2				

Attachment Rate Tables Template.zip is not a PDF document and cannot be reproduced here.

Attachment Rating Business Rules Template.xls is not a PDF document and cannot be reproduced here.

State:	Tennessee	Filing Company:	Delta Dental of Tennessee
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Small Group Standalone Pediatric Dental		
Project Name/Number:	Small Group Exchange Filing/2		

Supporting Document Schedules

Bypassed - Item:	Cover Letter Accident & Health
Bypass Reason:	All pertinent information included in the filing description.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Description of Variables
Comments:	
Attachment(s):	plan_management_data_templates_plans_benefits_SHOP.xlsm
Item Status:	
Status Date:	

Bypassed - Item:	Filing Fees
Bypass Reason:	No fee required
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Readability Certification
Comments:	Group Certification Letter
Attachment(s):	Group Certification Letter.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Third Party Authorization
Bypass Reason:	We are not a third party filer.
Attachment(s):	
Item Status:	
Status Date:	

State:	Tennessee	Filing Company:	Delta Dental of Tennessee
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Small Group Standalone Pediatric Dental		
Project Name/Number:	Small Group Exchange Filing/2		

Satisfied - Item:	Group Rates Certification/Memo - Accident & Health
Comments:	Actuarial memorandum and rate development sheets for small group exchange certified products on and off the exchange.
Attachment(s):	C_TN Group Act Memo (Revised on 6-3-13).pdf CC_TN Adult & Pediatric Rate Development (revised on 6-3-13).pdf D_TN Group Exchange Act Memo (Revised on 6-3-2013).pdf DD_TN Group Exchange Products - 2014 Exhibits (Revised on 6-3-2013).pdf
Item Status:	
Status Date:	

Bypassed - Item:	Accident & Health Group Rates non-experience
Bypass Reason:	Rates are experience-rated.
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:	DDTN-129058582	State Tracking #:	H-130813	Company Tracking #:	
State:	Tennessee	Filing Company:	Delta Dental of Tennessee		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	Small Group Standalone Pediatric Dental				
Project Name/Number:	Small Group Exchange Filing/2				

Attachment plan_management_data_templates_plans_benefits_SHOP.xlsm is not a PDF document and cannot be reproduced here.

June 4, 2013

Victoria Stotzer
Tennessee Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, TN 37243-1130

Re: Small Group Stand Alone Exchange Certified Pediatric Dental Plan

Dear Ms. Stotzer:

The purpose of this letter is to certify that the following forms meet the minimum reading ease score on the Flesch Reading Ease Test:

Form	Description
22384TN002/004 Group 2014	Group Contract
2014 COC wEHB	Certificate of Coverage

Should you have any questions or require additional information, please contact me directly.

Sincerely,



Jay Reavis
Vice President,
Sales, Account Management, and Underwriting

Delta Dental Plan of Tennessee (DDPTN)
Actuarial Memorandum
Delta Dental Group, EHB Certified Product
Product ID 22384TN004

Scope & Purpose

The purpose of this filing is to

- 1) Comply with the Tennessee state statutes governing health insurance rate and form filings.
- 2) Request rate approval for the Delta Dental group, EHB certified product.

Dates of Issue

This is a new product filing.

Proposed Effective Date

These rates will be effective 1/1/2014 and until a subsequent rate adjustment is requested and approved.

Applicability

The revised rates will be used for all groups, new and renewal.

History of Rate Adjustments

This form is being filed as a new product. As such, there is no experience to report.

Product Description

Description of Benefits

Group dental plan benefits are provided by this coverage.

Coverage for certain services may have time or frequency limitations. Examples: Coverage for some diagnostic and preventive services may be limited to one or two times per year, replacement of crowns and prosthetics may be restricted to five or seven years. Additional details with respect to standard types of benefit provisions are given in the certificates, and policies. Benefits are to be paid on a fee for service basis.

Renewability Clause

These policies are conditionally renewable.

Marketing Method

This product is available for sale through agents, brokers, and direct contact by staff representatives.

Underwriting

Each group is subject to limited underwriting with the primary intention of selecting the appropriate rates. Rates will be selected based on the chosen plan design and voluntary status of the group.

Prior plan claims experience is used for experience rating when possible for groups of 100 or more employees. The manual rating formula accounts for demographics including location of covered employees, ages of employee, and group occupation. All factors related to these variations are included with the filing. Final group rates are subject to adjustment based on consistency with current rates, underwriting considerations, and other unusual circumstances. Rates may be adjusted up or down by no more than 10%. Delta Dental of Tennessee expects no durational wear-away. Thus, duration has no impact on these rates.

Premium Classes

Premium rates will vary according to the following:

1. Benefit Design

- Deductible
- Coinsurance percentages
- Annual maximums (plan maximums for adults and maximum out of pocket for children)
- Inclusion of Coverage for Orthodontia

2. Group Characteristics

- Contract start date
- Voluntary versus non-voluntary
- Attained ages of the subscribers
- Type of occupation
- Size of the group
- Rating structure
 - 2 Tier: Employee Only/Family
 - 3 Tier: Employee Only/Employee & 1 Party/Employee & 2+ Party
 - 4 Tier: Employee Only/Employee & Spouse/Employee & Child/Family
 - 8 Tier: Employee Only/Employee & Spouse/Employee & 1 Child/Employee & 2 Children/
Employee & 3 Children/Family & 1 Child/Family & 2 Children/Family & 3 Children

Issue Age Range

There are no issue age limits for this product.

Premium Modalization Rules

Monthly premiums are calculated for one-year contracts.

Rate Development

Adult rates

The base rates and factors were developed using actual claims experience for substantially similar products sold by Delta Dental of Tennessee and affiliate Delta plans. The study encompassed over \$434 million in paid claims, 6,837 clients, and over 724,000 subscribers from the time period of April 2012 to March 2013.

Pediatric Dental (EHB compliant)

For the EHB compliant pediatric dental plan, the 2014 rates were developed using a pricing model that also doubled as an Actuarial Value (AV) calculator. This model was calibrated using submitted data from the Delta Dental of Tennessee and affiliate Delta plans claims system from January 1, 2012 – December 31, 2012 for patients that had services completed within the state of Tennessee. The product benefit designs were then applied to the transformed data to incorporate utilization impacts. Cost sharing provisions were then applied to the model to account for changes in coinsurance, deductibles, and maximums. Finally, the claims costs were trended forward to the projection period.

For the state of Tennessee, the modeled essential health benefit plan was the FEDVIP program. Any material changes in benefit designs (such as the frequency of allowed services or maximum out of pocket amounts) were included and incorporated in the rate development. High (85% AV) and Low (70% AV) plan designs were created based on the selected benchmark, based on sound actuarial principles.

Mortality

Mortality has no impact on dental plan utilization beyond loss of eligibility and, therefore, has no bearing on the development of rates. Projections of future premiums and claims will assume no mortality.

Persistency

We expect to renew about 85% to 95% of subscribers. This assumption has little impact on the rates proposed.

Pricing Assumptions

Trend Assumption

The claim trend assumption is 3.75% per year. The claims trend is based upon regional claims experience provided by Delta Dental of Tennessee and affiliate Delta plans. The Consumer Price Index for Urban Users (CPI-U) reports a 2.3% trend for Dental Services in 2012. The 2013 Segal Health Plan Cost Trend Survey projects a 4.0% claim trend for similar FFS/Indemnity Dental Plans.

Expenses

See Table XII Expense Factors in the attached rating formula for the breakdown of expenses.

Contingency and Risk Margins

Risk margins of 4% are included in the adult portion of these rates, along with a 1% profit margin. For the EHB compliant pediatric dental product, a risk margin of 1.5% is included, along with a 1% profit margin.

Projected Index Rate for EHB compliant Pediatric Dental plans

The projected index rate is the expected claims cost for the EHB compliant pediatric dental product.

The projected Index rate for the 85% AV pediatric dental plan is \$24.12

The projected Index rate for the 70% AV pediatric dental plan is \$19.21

These products are subject to 45 CFR Part 156.80(d).

Projected Loss Ratio experience

Lifetime Loss Ratio	71.3%
Future Loss Ratio	71.3%
Minimum Loss Ratio	55.0%

Note that the expected lifetime and expected future loss ratios exceed the minimum required loss ratio.

Experience

There is no experience to report for the current form, since this is a new product filing. Please note that these products are only sold to groups in Tennessee, so nationwide experience is the same as statewide experience.

Reserves

Claims Liability and Reserves

Unpaid claims liabilities are calculated using the development method. This method is commonly used by health actuaries for calculations of this type. All calculations are performed in a manner consistent with relevant

actuarial standards of practice (including ASOP No. 5, Incurred Health and Disability Claims and ASOP No. 23, Data Quality).

Active Life Reserves

Where appropriate, DDPTN will hold unearned premium reserves (for policy owners who pay annually) and contract reserves (for policies subject to waiting periods).

Actuarial Certification

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
2. The premiums are based on sound actuarial principles.
3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
4. The Index rate is in compliance with applicable State and Federal statutes, in particular with 45 CFR 156.80(d)(1)
5. The Actuarial Value (AV) calculator that was used for a stand-alone dental plan to generate the EHB compliant Pediatric Dental plans was developed in accordance with generally accepted actuarial principles and methodologies.
6. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
7. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of Tennessee.



Kevin Sule, FSA, MAAA
June 3rd, 2013

Pure Premium Rates: 2014 DDPTN

On-Exchange PPO Standard					
<u>Adult High Plan</u>			<u>Adult Low Plan</u>		
	PPO	Premier/Out-of-Network		PPO	Premier/Out-of-Network
Class I	100%	100%	Class I	90%	80%
Class II	90%	70%	Class II	60%	50%
Class III	50%	50%	Class III	50%	50%
Class IV	0%	0%	Class IV	0%	0%
\$1,000 Maximum \$50 Deductible			\$1,000 Maximum \$50 Deductible		
Individual Market	\$23.90		Individual Market	\$19.04	
SHOP Market	\$22.82		SHOP Market	\$18.19	
<u>Pediatric 85% AV Plan</u>			<u>Pediatric 70% AV Plan</u>		
	PPO	Premier/Out-of-Network		PPO	Premier/Out-of-Network
Class I	100%	100%	Class I	90%	80%
Class II	90%	70%	Class II	60%	50%
Class III	50%	50%	Class III	50%	50%
Class IV	50%	50%	Class IV	50%	50%
Maximum OOP \$700/\$1400 \$50 Deductible			Maximum OOP \$700/\$1400 \$50 Deductible		
Individual Market	\$26.48		Individual Market	\$21.04	
SHOP Market	\$25.29		SHOP Market	\$20.10	

Off-Exchange PPO Standard					
<u>Pediatric 85% AV Plan</u>			<u>Pediatric 70% AV Plan</u>		
	PPO	Premier/Out-of-Network		PPO	Premier/Out-of-Network
Class I	100%	100%	Class I	100%	70%
Class II	80%	80%	Class II	50%	50%
Class III	50%	50%	Class III	50%	50%
Class IV	50%	50%	Class IV	50%	50%
Maximum OOP \$700/\$1400 \$50 Deductible			Maximum OOP \$700/\$1400 \$50 Deductible		
Individual Market	\$24.96		Individual Market	\$19.90	

Off-Exchange PPO Point-of-Service					
<u>Pediatric 85% AV Plan</u>			<u>Pediatric 70% AV Plan</u>		
	PPO	Premier/Out-of-Network		PPO	Premier/Out-of-Network
Class I	100%	100%	Class I	100%	70%
Class II	80%	80%	Class II	50%	50%
Class III	50%	50%	Class III	50%	50%
Class IV	50%	50%	Class IV	50%	50%
Maximum OOP \$700/\$1400 \$50 Deductible			Maximum OOP \$700/\$1400 \$50 Deductible		
SHOP Market	\$24.12		SHOP Market	\$19.21	

Delta Dental of Tennessee Products Exchange Offerings

TN

Individual Offerings

<u>Plan Description</u>	Certified High Plan		Certified Low Plan	
	Adult	85% AV Pediatric	Adult	70% AV Pediatric
Service Class:				
Preventative & Diagnostic	100%	100%	90%/80%*	90%/80%*
Emergency Palliative Treatment	100%	100%	90%/80%*	90%/80%*
Radiographs - Bitewings	100%	100%	90%/80%*	90%/80%*
Radiographs - All other	100%	100%	90%/80%*	90%/80%*
Periodontal Prophylaxes	90%/70%*	90%/70%*	60%/50%*	60%/50%*
Denture Repair, Rebase, Relining	90%/70%*	90%/70%*	60%/50%*	60%/50%*
Oral Surgery	90%/70%*	90%/70%*	60%/50%*	60%/50%*
Minor Restorative	90%/70%*	90%/70%*	60%/50%*	60%/50%*
Periodontics	90%/70%*	90%/70%*	60%/50%*	60%/50%*
Endodontics	90%/70%*	90%/70%*	60%/50%*	60%/50%*
Major Restorative	50%	50%	50%	50%
Prosthodontics	50%	50%	50%	50%
Medically Necessary Orthodontia	N/A	50%	N/A	50%
Deductible	\$50	\$50	\$50	\$50
Plan Maximum	\$1,000	N/A	\$1,000	N/A
Maximum Out of Pocket**	N/A	\$700/\$1400	N/A	\$700/\$1400
<u>Proposed Monthly Rates</u>	January 1, 2014 Effective Date		January 1, 2014 Effective Date	
Ages 0-24 Rate Per Person	\$35.41		\$28.82	
Ages 25-34 Rate Per Person	\$25.13		\$20.51	
Ages 35-44 Rate Per Person	\$27.09		\$22.11	
Ages 45-54 Rate Per Person	\$33.73		\$27.54	
Ages 55+ Rate Per Person	\$40.69		\$33.21	
Administrative Cost	25.22%		26.99%	

* In Network/Out of Network

**Maximum out-of-pocket amount per Child/Family

SHOP Offerings

Represents Statewide values. SHOP will vary by area

<u>Plan Description</u>	Certified High Plan		Certified Low Plan	
	Adult	85% AV Pediatric	Adult	70% AV Pediatric
Service Class:				
Preventative & Diagnostic	100%	100%	90%/80%*	90%/80%*
Emergency Palliative Treatment	100%	100%	90%/80%*	90%/80%*
Radiographs - Bitewings	100%	100%	90%/80%*	90%/80%*
Radiographs - All other	100%	100%	90%/80%*	90%/80%*
Periodontal Prophylaxes	90%/70%*	90%/70%*	60%/50%*	60%/50%*
Denture Repair, Rebase, Relining	90%/70%*	90%/70%*	60%/50%*	60%/50%*
Oral Surgery	90%/70%*	90%/70%*	60%/50%*	60%/50%*
Minor Restorative	90%/70%*	90%/70%*	60%/50%*	60%/50%*
Periodontics	90%/70%*	90%/70%*	60%/50%*	60%/50%*
Endodontics	90%/70%*	90%/70%*	60%/50%*	60%/50%*
Major Restorative	50%	50%	50%	50%
Prosthodontics	50%	50%	50%	50%
Medically Necessary Orthodontia	N/A	50%	N/A	50%
Deductible	\$50	\$50	\$50	\$50
Plan Maximum	\$1,000	N/A	\$1,000	N/A
Maximum Out of Pocket**	N/A	\$700/\$1400	N/A	\$700/\$1400
<u>Proposed Monthly Rates</u>	Jan - Mar, 2014 Effective Date		Jan - Mar, 2014 Effective Date	
Ages 0-24 Rate Per Person	\$33.76		\$27.45	
Ages 25-34 Rate Per Person	\$23.96		\$19.54	
Ages 35-44 Rate Per Person	\$25.83		\$21.06	
Ages 45-54 Rate Per Person	\$32.16		\$26.23	
Ages 55+ Rate Per Person	\$38.79		\$31.64	
Administrative Cost	24.88%		26.58%	

Proposed Monthly Rates

	Apr - Jun, 2014 Effective Date	Apr - Jun, 2014 Effective Date
Ages 0-24 Rate Per Person	\$34.05	\$27.69
Ages 25-34 Rate Per Person	\$24.17	\$19.71
Ages 35-44 Rate Per Person	\$26.05	\$21.25
Ages 45-54 Rate Per Person	\$32.44	\$26.46
Ages 55+ Rate Per Person	\$39.13	\$31.91
Administrative Cost	24.88%	26.58%

Proposed Monthly Rates

	Jul - Sep, 2014 Effective Date	Jul - Sep, 2014 Effective Date
Ages 0-24 Rate Per Person	\$34.35	\$27.93
Ages 25-34 Rate Per Person	\$24.38	\$19.88
Ages 35-44 Rate Per Person	\$26.28	\$21.43
Ages 45-54 Rate Per Person	\$32.72	\$26.69
Ages 55+ Rate Per Person	\$39.47	\$32.19
Administrative Cost	24.88%	26.58%

Proposed Monthly Rates

	Oct - Dec, 2014 Effective Date	Oct - Dec, 2014 Effective Date
Ages 0-24 Rate Per Person	\$34.64	\$28.17
Ages 25-34 Rate Per Person	\$24.59	\$20.05
Ages 35-44 Rate Per Person	\$26.51	\$21.62
Ages 45-54 Rate Per Person	\$33.01	\$26.92
Ages 55+ Rate Per Person	\$39.81	\$32.46
Administrative Cost	24.88%	26.58%

Delta Dental of Tennessee Off-Exchange Offerings

TN

Individual Offerings

<u>Plan Description</u>	<u>Certified High Plan</u>		<u>Certified Low Plan</u>	
	Adult	85% AV Pediatric	Adult	70% AV Pediatric
Service Class:				
Preventative & Diagnostic	N/A	100%	N/A	100%/70%*
Emergency Palliative Treatment	N/A	100%	N/A	100%/70%*
Radiographs - Bitewings	N/A	100%	N/A	100%/70%*
Radiographs - All other	N/A	100%	N/A	100%/70%*
Periodontal Prophylaxes	N/A	80%	N/A	50%
Denture Repair, Rebase, Relining	N/A	80%	N/A	50%
Oral Surgery	N/A	80%	N/A	50%
Minor Restorative	N/A	80%	N/A	50%
Periodontics	N/A	80%	N/A	50%
Endodontics	N/A	80%	N/A	50%
Major Restorative	N/A	50%	N/A	50%
Prosthodontics	N/A	50%	N/A	50%
Medically Necessary Orthodontia	N/A	50%	N/A	50%
Deductible	N/A	\$50	N/A	\$50
Plan Maximum	N/A	N/A	N/A	N/A
Maximum Out of Pocket**	N/A	\$700/\$1400	N/A	\$700/\$1400
<u>Proposed Monthly Rates</u>	January 1, 2014 Effective Date		January 1, 2014 Effective Date	
Child Rate Per Person	\$32.21		\$26.32	
Ages 25-34 Rate Per Person	N/A		N/A	
Ages 35-44 Rate Per Person	N/A		N/A	
Ages 45-54 Rate Per Person	N/A		N/A	
Ages 55+ Rate Per Person	N/A		N/A	
Administrative Cost	22.49%		24.40%	

* In Network/Out of Network

**Maximum out-of-pocket amount per Child/Family

SHOP Offerings

Represents Statewide values. SHOP will vary by area

<u>Plan Description</u>	<u>Certified High Plan</u>		<u>Certified Low Plan</u>	
	Adult	85% AV Pediatric	Adult	70% AV Pediatric
Service Class:				
Preventative & Diagnostic	N/A	100%	N/A	100%/70%*
Emergency Palliative Treatment	N/A	100%	N/A	100%/70%*
Radiographs - Bitewings	N/A	100%	N/A	100%/70%*
Radiographs - All other	N/A	100%	N/A	100%/70%*
Periodontal Prophylaxes	N/A	80%	N/A	50%
Denture Repair, Rebase, Relining	N/A	80%	N/A	50%
Oral Surgery	N/A	80%	N/A	50%
Minor Restorative	N/A	80%	N/A	50%
Periodontics	N/A	80%	N/A	50%
Endodontics	N/A	80%	N/A	50%
Major Restorative	N/A	50%	N/A	50%
Prosthodontics	N/A	50%	N/A	50%
Medically Necessary Orthodontia	N/A	50%	N/A	50%
Deductible	N/A	\$50	N/A	\$50
Plan Maximum	N/A	N/A	N/A	N/A
Maximum Out of Pocket**	N/A	\$700/\$1400	N/A	\$700/\$1400
<u>Proposed Monthly Rates</u>	Jan - Mar, 2014 Effective Date		Jan - Mar, 2014 Effective Date	
Child Rate Per Person	\$31.03		\$25.30	
Ages 25-34 Rate Per Person	N/A		N/A	
Ages 35-44 Rate Per Person	N/A		N/A	
Ages 45-54 Rate Per Person	N/A		N/A	
Ages 55+ Rate Per Person	N/A		N/A	
Administrative Cost	22.03%		23.86%	

Proposed Monthly Rates

	Apr - Jun, 2014 Effective Date	Apr - Jun, 2014 Effective Date
Child Rate Per Person	\$31.30	\$25.52
Ages 25-34 Rate Per Person	N/A	N/A
Ages 35-44 Rate Per Person	N/A	N/A
Ages 45-54 Rate Per Person	N/A	N/A
Ages 55+ Rate Per Person	N/A	N/A
Administrative Cost	22.03%	23.86%

Proposed Monthly Rates

	Jul - Sep, 2014 Effective Date	Jul - Sep, 2014 Effective Date
Child Rate Per Person	\$31.57	\$25.74
Ages 25-34 Rate Per Person	N/A	N/A
Ages 35-44 Rate Per Person	N/A	N/A
Ages 45-54 Rate Per Person	N/A	N/A
Ages 55+ Rate Per Person	N/A	N/A
Administrative Cost	22.03%	23.86%

Proposed Monthly Rates

	Oct - Dec, 2014 Effective Date	Oct - Dec, 2014 Effective Date
Child Rate Per Person	\$31.84	\$25.96
Ages 25-34 Rate Per Person	N/A	N/A
Ages 35-44 Rate Per Person	N/A	N/A
Ages 45-54 Rate Per Person	N/A	N/A
Ages 55+ Rate Per Person	N/A	N/A
Administrative Cost	22.03%	23.86%

Pediatric Dental Claims Model: Tennessee 85% AV Plan Individual, On-Exchange

Frequency data based on claims incurred in 2011 and 2012 by covered Tennessee residents up to the end of the month in which they turn 19 years old.

Severity data based on claims incurred in 2012 in Tennessee service offices by patients up to the end of the month in which they turn 19 years old.

Report Order	Class	Low Level Grouping	Adjusted Frequency per 10,000 per Yr	PPO Average Approved	Premier Average Approved	Deductible Applies	PPO Coinsurance	Premier / Non-Par Coinsurance	PPO Calc Paid	Non-PPO Calc Paid	Pure Premium
1	Class I	Exams	10,121	\$33.59	\$36.58	0	100%	100%	\$33.31	\$33.31	\$2.81
2	Class I	Fluorides	6,552	\$22.09	\$24.86	0	100%	100%	\$21.98	\$21.98	\$1.20
3	Class I	Cleanings	10,077	\$50.00	\$55.52	0	100%	100%	\$49.72	\$49.72	\$4.18
4	Class I	Emergency Treatment	53	\$64.90	\$70.39	0	100%	100%	\$64.46	\$64.46	\$0.03
5	Class I	Sealants	1,798	\$35.39	\$38.89	0	100%	100%	\$35.19	\$35.19	\$0.53
6	Class I	Biting X-rays	3,831	\$32.87	\$39.28	0	100%	100%	\$32.65	\$32.65	\$1.04
7	Class I	Full Mouth X-rays	1,274	\$87.82	\$97.94	0	100%	100%	\$87.18	\$87.18	\$0.93
8	Class I	All Other X-rays	1,417	\$22.32	\$20.58	0	100%	100%	\$22.22	\$22.22	\$0.26
9.1	Class II	Fillings-Anterior	412	\$119.78	\$142.47	1	90%	70%	\$105.89	\$82.36	\$0.34
9.2	Class II	Fillings-Posterior Composites	2,025	\$133.00	\$145.17	1	90%	70%	\$119.49	\$92.94	\$1.91
9.3	Class II	Fillings-Posterior Amalgams	1,181	\$114.80	\$118.46	1	90%	70%	\$76.06	\$59.16	\$0.71
9.4	Class II	Fillings-Other	23	\$63.93	\$74.09	1	90%	70%	\$57.36	\$44.61	\$0.01
10	Class III	Crowns	400	\$293.74	\$425.48	1	50%	50%	\$141.30	\$141.30	\$0.47
11	Class II	Major Gum Disease	22	\$426.34	\$239.04	1	90%	70%	\$379.44	\$295.12	\$0.07
12	Class II	Minor Gum Disease	9	\$128.45	\$156.77	1	90%	70%	\$115.10	\$89.52	\$0.01
13	Class II	Difficult Cleaning	3	\$105.28	\$132.27	1	90%	70%	\$93.95	\$73.07	\$0.00
14	Class II	Gum Disease Cleaning	3	\$75.13	\$82.63	1	90%	70%	\$67.50	\$52.50	\$0.00
15	Class II	Root Canals	64	\$765.94	\$752.25	1	90%	70%	\$684.37	\$532.29	\$0.34
16	Class II	Endodontics Other Than Root Canals	208	\$123.85	\$129.79	1	90%	70%	\$111.24	\$86.52	\$0.18
17	Class II	Simple Extractions	1,053	\$90.84	\$94.63	1	90%	70%	\$81.32	\$63.25	\$0.68
18	Class II	Complex Extractions	833	\$338.77	\$319.18	1	90%	70%	\$304.49	\$236.83	\$2.00
19	Class II	Oral Surgery Other Than Extractions	81	\$289.01	\$261.95	1	90%	70%	\$259.99	\$202.22	\$0.17
20	Class II	Denture Repair	1	\$116.39	\$141.67	1	90%	70%	\$104.75	\$81.47	\$0.00
21	Class II	Other Services	482	\$213.57	\$194.95	1	90%	70%	\$191.83	\$149.20	\$0.73
22	Class III	Bridges	5	\$704.74	\$863.00	1	50%	50%	\$334.14	\$334.14	\$0.01
23	Class III	Partial Dentures	1	\$583.05	\$611.40	1	50%	50%	\$291.53	\$291.53	\$0.00
24	Class III	Full Dentures	0	\$832.00	\$1,025.00	1	50%	50%	\$416.00	\$416.00	\$0.00
25	Class III	Other Bridges	0	\$0.00	\$226.50	1	50%	50%	\$0.00	\$0.00	\$0.00
26	Class III	Other Dentures	0	\$0.00	\$0.00	1	50%	50%	\$0.00	\$0.00	\$0.00
27	Class I	Jaw Disorder X-rays	0	\$416.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
28	Class II	Jaw Disorder Treatment Other Than X-rays	0	\$500.00	\$0.00	1	0%	0%	\$0.00	\$0.00	\$0.00
29	Class III	Implants	6	\$1,387.58	\$957.54	1	50%	50%	\$693.79	\$693.79	\$0.03
30.1	Class IV	Orthodontics-Comprehensive Treatment	105	\$1,269.05	\$1,213.05	0	50%	50%	\$634.00	\$634.00	\$0.56
30.2	Class IV	Orthodontics-Other Services	1,259	\$164.85	\$164.17	0	50%	50%	\$81.75	\$81.75	\$0.86
31	Class I	Brush Biopsies	0	\$0.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
40	Class II	Unknown	0	\$430.00	\$0.00	1	90%	70%	\$387.00	\$301.00	\$0.00

Experience PMPM Pure Premium \$20.06

Over 3 Children factor 1.0485
Trend Factor [3.5% for 24 months] 1.0712
OOP Max Load 1.0557
Voluntary Load 1.1500
Deductible credit per month \$0.87

Pure premium Rate \$26.48

Risk Charge 2.50%
Comms 9.00%
Exchange Fee 3.50%
Admin PMPM \$2.75
ACA Tax 0.70%
Premium Tax 1.75%

Gross Premium Rate \$35.41

Pediatric Actuarial Value Calculator		
Tennessee 85% AV Plan		Individual PPO Standard
Input Coinsurance Percentages		
	PPO	Premier/Out-of- Network
Class I	100%	100%
Class II	90%	70%
Class III	50%	50%
Class IV	50%	50%
Input Deductible		
PPO Deductible		\$50.00
Premier/OON Deductible		\$50.00
Input Assumed Migration <i>(Total should be ≤ 100%)</i>		
PPO		76.1%
Premier		20.8%
Maximum Out-of-Pocket Amount		\$700 / \$1,400
Maximum Out-of-Pocket Factor Applied		1.05569
Total Calculated Paid per 10,000 per yr	\$2,441,738.19	
Total Calculated Approved per 10,000 per yr	\$2,884,534.52	
Actuarial Value	84.65%	

Pediatric Dental Claims Model: Tennessee 70% AV Plan Individual, On-Exchange

Frequency data based on claims incurred in 2011 and 2012 by covered Tennessee residents up to the end of the month in which they turn 19 years old.

Severity data based on claims incurred in 2012 in Tennessee service offices by patients up to the end of the month in which they turn 19 years old.

Report Order	Class	Low Level Grouping	Adjusted Frequency per 10,000 per Yr	PPO Average Approved	Premier Average Approved	Deductible Applies	PPO Coinsurance	Premier / Non-Par Coinsurance	PPO Calc Paid	Non-PPO Calc Paid	Pure Premium
1	Class I	Exams	9,683	\$33.59	\$36.58	0	90%	80%	\$29.98	\$26.64	\$2.35
2	Class I	Fluorides	6,268	\$22.09	\$24.86	0	90%	80%	\$19.78	\$17.59	\$1.01
3	Class I	Cleanings	9,641	\$50.00	\$55.52	0	90%	80%	\$44.74	\$39.77	\$3.50
4	Class I	Emergency Treatment	51	\$64.90	\$70.39	0	90%	80%	\$58.01	\$51.57	\$0.02
5	Class I	Sealants	1,720	\$35.39	\$38.89	0	90%	80%	\$31.67	\$28.15	\$0.44
6	Class I	Bitewing X-rays	3,665	\$32.87	\$39.28	0	90%	80%	\$29.38	\$26.12	\$0.87
7	Class I	Full Mouth X-rays	1,219	\$87.82	\$97.94	0	90%	80%	\$78.47	\$69.75	\$0.78
8	Class I	All Other X-rays	1,355	\$22.32	\$20.58	0	90%	80%	\$20.00	\$17.78	\$0.22
9.1	Class II	Fillings-Anterior	388	\$119.78	\$142.47	1	60%	50%	\$70.60	\$58.83	\$0.22
9.2	Class II	Fillings-Posterior Composites	1,905	\$133.00	\$145.17	1	60%	50%	\$79.66	\$66.38	\$1.21
9.3	Class II	Fillings-Posterior Amalgams	1,111	\$114.80	\$118.46	1	60%	50%	\$50.71	\$42.26	\$0.45
9.4	Class II	Fillings-Other	22	\$63.93	\$74.09	1	60%	50%	\$38.24	\$31.87	\$0.01
10	Class III	Crowns	400	\$293.74	\$425.48	1	50%	50%	\$141.30	\$141.30	\$0.47
11	Class II	Major Gum Disease	21	\$426.34	\$239.04	1	60%	50%	\$252.96	\$210.80	\$0.04
12	Class II	Minor Gum Disease	8	\$128.45	\$156.77	1	60%	50%	\$76.73	\$63.95	\$0.01
13	Class II	Difficult Cleaning	3	\$105.28	\$132.27	1	60%	50%	\$62.64	\$52.20	\$0.00
14	Class II	Gum Disease Cleaning	3	\$75.13	\$82.63	1	60%	50%	\$45.00	\$37.50	\$0.00
15	Class II	Root Canals	60	\$765.94	\$752.25	1	60%	50%	\$456.25	\$380.20	\$0.22
16	Class II	Endodontics Other Than Root Canals	196	\$123.85	\$129.79	1	60%	50%	\$74.16	\$61.80	\$0.12
17	Class II	Simple Extractions	991	\$90.84	\$94.63	1	60%	50%	\$54.21	\$45.18	\$0.43
18	Class II	Complex Extractions	784	\$338.77	\$319.18	1	60%	50%	\$203.00	\$169.16	\$1.27
19	Class II	Oral Surgery Other Than Extractions	76	\$289.01	\$261.95	1	60%	50%	\$173.33	\$144.44	\$0.11
20	Class II	Denture Repair	1	\$116.39	\$141.67	1	60%	50%	\$69.83	\$58.19	\$0.00
21	Class II	Other Services	454	\$213.57	\$194.95	1	60%	50%	\$127.89	\$106.67	\$0.46
22	Class III	Bridges	5	\$704.74	\$863.00	1	50%	50%	\$334.14	\$334.14	\$0.01
23	Class III	Partial Dentures	1	\$583.05	\$611.40	1	50%	50%	\$291.53	\$291.53	\$0.00
24	Class III	Full Dentures	0	\$832.00	\$1,025.00	1	50%	50%	\$416.00	\$416.00	\$0.00
25	Class III	Other Bridges	0	\$0.00	\$226.50	1	50%	50%	\$0.00	\$0.00	\$0.00
26	Class III	Other Dentures	0	\$0.00	\$0.00	1	50%	50%	\$0.00	\$0.00	\$0.00
27	Class I	Jaw Disorder X-rays	0	\$416.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
28	Class II	Jaw Disorder Treatment Other Than X-rays	0	\$500.00	\$0.00	1	0%	0%	\$0.00	\$0.00	\$0.00
29	Class III	Implants	6	\$1,387.58	\$957.54	1	50%	50%	\$693.79	\$693.79	\$0.03
30.1	Class IV	Orthodontics-Comprehensive Treatment	105	\$1,269.05	\$1,213.05	0	50%	50%	\$634.00	\$634.00	\$0.56
30.2	Class IV	Orthodontics-Other Services	1,259	\$164.85	\$164.17	0	50%	50%	\$81.75	\$81.75	\$0.86
31	Class I	Brush Biopsies	0	\$0.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
40	Class II	Unknown	0	\$430.00	\$0.00	1	60%	50%	\$258.00	\$215.00	\$0.00

Experience PMPM Pure Premium \$15.68

Over 3 Children factor 1.0485
Trend Factor [3.5% for 24 months] 1.0712
OOP Max Load 1.0684
Voluntary Load 1.1500
Deductible credit per month \$0.60

Pure premium Rate \$21.04

Risk Charge 2.50%
Comms 9.00%
Exchange Fee 3.50%
Admin PMPM \$2.75
ACA Tax 0.70%
Premium Tax 1.75%

Gross Premium Rate \$28.82

Pediatric Actuarial Value Calculator		
Tennessee 70% AV Plan		Individual PPO Standard
Input Coinsurance Percentages		
	PPO	Premier/Out-of-Network
Class I	90%	80%
Class II	60%	50%
Class III	50%	50%
Class IV	50%	50%
Input Deductible		
PPO Deductible		\$50.00
Premier/OON Deductible		\$50.00
Input Assumed Migration (Total should be ≤ 100%)		
PPO		76.1%
Premier		20.8%
Maximum Out-of-Pocket Amount		\$700 / \$1,400
Maximum Out-of-Pocket Factor Applied		1.06837
Total Calculated Paid per 10,000 per yr		\$1,944,246.86
Total Calculated Approved per 10,000 per yr		\$2,763,909.77
Actuarial Value		70.34%

Pediatric Dental Claims Model: Tennessee 85% AV Plan SHOP, On-Exchange

Frequency data based on claims incurred in 2011 and 2012 by covered Tennessee residents up to the end of the month in which they turn 19 years old.
Severity data based on claims incurred in 2012 in Tennessee service offices by patients up to the end of the month in which they turn 19 years old.

Report Order	Class	Low Level Grouping	Adjusted Frequency per 10,000 per Yr	PPO Average Approved	Premier Average Approved	Deductible Applies	PPO Coinsurance	Premier / Non-Par Coinsurance	PPO Calc Paid	Non-PPO Calc Paid	Pure Premium
1	Class I	Exams	10,121	\$33.59	\$36.58	0	100%	100%	\$33.31	\$33.31	\$2.81
2	Class I	Fluorides	6,552	\$22.09	\$24.86	0	100%	100%	\$21.98	\$21.98	\$1.20
3	Class I	Cleanings	10,077	\$50.00	\$55.52	0	100%	100%	\$49.72	\$49.72	\$4.18
4	Class I	Emergency Treatment	53	\$64.90	\$70.39	0	100%	100%	\$64.46	\$64.46	\$0.03
5	Class I	Sealants	1,798	\$35.39	\$38.89	0	100%	100%	\$35.19	\$35.19	\$0.53
6	Class I	Bitewing X-rays	3,831	\$32.87	\$39.28	0	100%	100%	\$32.65	\$32.65	\$1.04
7	Class I	Full Mouth X-rays	1,274	\$87.82	\$97.94	0	100%	100%	\$87.18	\$87.18	\$0.93
8	Class I	All Other X-rays	1,417	\$22.32	\$20.58	0	100%	100%	\$22.22	\$22.22	\$0.26
9.1	Class II	Fillings-Anterior	412	\$119.78	\$142.47	1	90%	70%	\$105.89	\$82.36	\$0.34
9.2	Class II	Fillings-Posterior Composites	2,025	\$133.00	\$145.17	1	90%	70%	\$119.49	\$92.94	\$1.91
9.3	Class II	Fillings-Posterior Amalgams	1,181	\$114.80	\$118.46	1	90%	70%	\$76.06	\$59.16	\$0.71
9.4	Class II	Fillings-Other	23	\$63.93	\$74.09	1	90%	70%	\$57.36	\$44.61	\$0.01
10	Class III	Crowns	400	\$293.74	\$425.48	1	50%	50%	\$141.30	\$141.30	\$0.47
11	Class II	Major Gum Disease	22	\$426.34	\$239.04	1	90%	70%	\$379.44	\$295.12	\$0.07
12	Class II	Minor Gum Disease	9	\$128.45	\$156.77	1	90%	70%	\$115.10	\$89.52	\$0.01
13	Class II	Difficult Cleaning	3	\$105.28	\$132.27	1	90%	70%	\$93.95	\$73.07	\$0.00
14	Class II	Gum Disease Cleaning	3	\$75.13	\$82.63	1	90%	70%	\$67.50	\$52.50	\$0.00
15	Class II	Root Canals	64	\$765.94	\$752.25	1	90%	70%	\$684.37	\$532.29	\$0.34
16	Class II	Endodontics Other Than Root Canals	208	\$123.85	\$129.79	1	90%	70%	\$111.24	\$86.52	\$0.18
17	Class II	Simple Extractions	1,053	\$90.84	\$94.63	1	90%	70%	\$81.32	\$63.25	\$0.68
18	Class II	Complex Extractions	833	\$338.77	\$319.18	1	90%	70%	\$304.49	\$236.83	\$2.00
19	Class II	Oral Surgery Other Than Extractions	81	\$289.01	\$261.95	1	90%	70%	\$259.99	\$202.22	\$0.17
20	Class II	Denture Repair	1	\$116.39	\$141.67	1	90%	70%	\$104.75	\$81.47	\$0.00
21	Class II	Other Services	482	\$213.57	\$194.95	1	90%	70%	\$191.83	\$149.20	\$0.73
22	Class III	Bridges	5	\$704.74	\$863.00	1	50%	50%	\$334.14	\$334.14	\$0.01
23	Class III	Partial Dentures	1	\$583.05	\$611.40	1	50%	50%	\$291.53	\$291.53	\$0.00
24	Class III	Full Dentures	0	\$832.00	\$1,025.00	1	50%	50%	\$416.00	\$416.00	\$0.00
25	Class III	Other Bridges	0	\$0.00	\$226.50	1	50%	50%	\$0.00	\$0.00	\$0.00
26	Class III	Other Dentures	0	\$0.00	\$0.00	1	50%	50%	\$0.00	\$0.00	\$0.00
27	Class I	Jaw Disorder X-rays	0	\$416.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
28	Class II	Jaw Disorder Treatment Other Than X-rays	0	\$500.00	\$0.00	1	0%	0%	\$0.00	\$0.00	\$0.00
29	Class III	Implants	6	\$1,387.58	\$957.54	1	50%	50%	\$693.79	\$693.79	\$0.03
30.1	Class IV	Orthodontics-Comprehensive Treatment	105	\$1,269.05	\$1,213.05	0	50%	50%	\$634.00	\$634.00	\$0.56
30.2	Class IV	Orthodontics-Other Services	1,259	\$164.85	\$164.17	0	50%	50%	\$81.75	\$81.75	\$0.86
31	Class I	Brush Biopsies	0	\$0.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
40	Class II	Unknown	0	\$430.00	\$0.00	1	90%	70%	\$387.00	\$301.00	\$0.00

Experience PMPM Pure Premium	\$20.06
Over 3 Children factor	1.0485
Trend Factor [3.5% for 24 months]	1.0712
OOP Max Load	1.0557
Voluntary Load	1.1000
Deductible credit per month	\$0.87

Pure premium Rate \$25.29

Risk Charge	2.50%
Comms	9.00%
Exchange Fee	3.50%
Admin PMPM	\$2.50
ACA Tax	0.70%
Premium Tax	1.75%

Gross Premium Rate \$33.67

Pediatric Actuarial Value Calculator		
Tennessee 85% AV Plan		SHOP
		PPO Standard
Input Coinsurance Percentages		
	PPO	Premier/Out-of-Network
Class I	100%	100%
Class II	90%	70%
Class III	50%	50%
Class IV	50%	50%
Input Deductible		
PPO Deductible		\$50.00
Premier/OON Deductible		\$50.00
Input Assumed Migration (Total should be ≤ 100%)		
PPO		76.1%
Premier		20.8%
Maximum Out-of-Pocket Amount		\$700 / \$1,400
Maximum Out-of-Pocket Factor Applied		1.05569
Total Calculated Paid per 10,000 per yr	\$2,441,738.19	
Total Calculated Approved per 10,000 per yr	\$2,884,534.52	
Actuarial Value	84.65%	

Pediatric Dental Claims Model: Tennessee 70% AV Plan SHOP, On-Exchange

Frequency data based on claims incurred in 2011 and 2012 by covered Tennessee residents up to the end of the month in which they turn 19 years old.
Severity data based on claims incurred in 2012 in Tennessee service offices by patients up to the end of the month in which they turn 19 years old.

Report Order	Class	Low Level Grouping	Adjusted Frequency per 10,000 per Yr	PPO Average Approved	Premier Average Approved	Deductible Applies	PPO Coinsurance	Premier / Non-Par Coinsurance	PPO Calc Paid	Non-PPO Calc Paid	Pure Premium
1	Class I	Exams	9,683	\$33.59	\$36.58	0	90%	80%	\$29.98	\$26.64	\$2.35
2	Class I	Fluorides	6,268	\$22.09	\$24.86	0	90%	80%	\$19.78	\$17.59	\$1.01
3	Class I	Cleanings	9,641	\$50.00	\$55.52	0	90%	80%	\$44.74	\$39.77	\$3.50
4	Class I	Emergency Treatment	51	\$64.90	\$70.39	0	90%	80%	\$58.01	\$51.57	\$0.02
5	Class I	Sealants	1,720	\$35.39	\$38.89	0	90%	80%	\$31.67	\$28.15	\$0.44
6	Class I	Biting X-rays	3,665	\$32.87	\$39.28	0	90%	80%	\$29.38	\$26.12	\$0.87
7	Class I	Full Mouth X-rays	1,219	\$87.82	\$97.94	0	90%	80%	\$78.47	\$69.75	\$0.78
8	Class I	All Other X-rays	1,355	\$22.32	\$20.58	0	90%	80%	\$20.00	\$17.78	\$0.22
9.1	Class II	Fillings-Anterior	388	\$119.78	\$142.47	1	60%	50%	\$70.60	\$58.83	\$0.22
9.2	Class II	Fillings-Posterior Composites	1,905	\$133.00	\$145.17	1	60%	50%	\$79.66	\$66.38	\$1.21
9.3	Class II	Fillings-Posterior Amalgams	1,111	\$114.80	\$118.46	1	60%	50%	\$50.71	\$42.26	\$0.45
9.4	Class II	Fillings-Other	22	\$63.93	\$74.09	1	60%	50%	\$38.24	\$31.87	\$0.01
10	Class III	Crowns	400	\$293.74	\$425.48	1	50%	50%	\$141.30	\$141.30	\$0.47
11	Class II	Major Gum Disease	21	\$426.34	\$239.04	1	60%	50%	\$252.96	\$210.80	\$0.04
12	Class II	Minor Gum Disease	8	\$128.45	\$156.77	1	60%	50%	\$76.73	\$63.95	\$0.01
13	Class II	Difficult Cleaning	3	\$105.28	\$132.27	1	60%	50%	\$62.64	\$52.20	\$0.00
14	Class II	Gum Disease Cleaning	3	\$75.13	\$82.63	1	60%	50%	\$45.00	\$37.50	\$0.00
15	Class II	Root Canals	60	\$765.94	\$752.25	1	60%	50%	\$456.25	\$380.20	\$0.22
16	Class II	Endodontics Other Than Root Canals	196	\$123.85	\$129.79	1	60%	50%	\$74.16	\$61.80	\$0.12
17	Class II	Simple Extractions	991	\$90.84	\$94.63	1	60%	50%	\$54.21	\$45.18	\$0.43
18	Class II	Complex Extractions	784	\$338.77	\$319.18	1	60%	50%	\$203.00	\$169.16	\$1.27
19	Class II	Oral Surgery Other Than Extractions	76	\$289.01	\$261.95	1	60%	50%	\$173.33	\$144.44	\$0.11
20	Class II	Denture Repair	1	\$116.39	\$141.67	1	60%	50%	\$69.83	\$58.19	\$0.00
21	Class II	Other Services	454	\$213.57	\$194.95	1	60%	50%	\$127.89	\$106.67	\$0.46
22	Class III	Bridges	5	\$704.74	\$863.00	1	50%	50%	\$334.14	\$334.14	\$0.01
23	Class III	Partial Dentures	1	\$583.05	\$611.40	1	50%	50%	\$291.53	\$291.53	\$0.00
24	Class III	Full Dentures	0	\$832.00	\$1,025.00	1	50%	50%	\$416.00	\$416.00	\$0.00
25	Class III	Other Bridges	0	\$0.00	\$226.50	1	50%	50%	\$0.00	\$0.00	\$0.00
26	Class III	Other Dentures	0	\$0.00	\$0.00	1	50%	50%	\$0.00	\$0.00	\$0.00
27	Class I	Jaw Disorder X-rays	0	\$416.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
28	Class II	Jaw Disorder Treatment Other Than X-rays	0	\$500.00	\$0.00	1	0%	0%	\$0.00	\$0.00	\$0.00
29	Class III	Implants	6	\$1,387.58	\$957.54	1	50%	50%	\$693.79	\$693.79	\$0.03
30.1	Class IV	Orthodontics-Comprehensive Treatment	105	\$1,269.05	\$1,213.05	0	50%	50%	\$634.00	\$634.00	\$0.56
30.2	Class IV	Orthodontics-Other Services	1,259	\$164.85	\$164.17	0	50%	50%	\$81.75	\$81.75	\$0.86
31	Class I	Brush Biopsies	0	\$0.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
40	Class II	Unknown	0	\$430.00	\$0.00	1	60%	50%	\$258.00	\$215.00	\$0.00
Experience PMPM Pure Premium											\$15.68
Over 3 Children factor											1.0485
Trend Factor [3.5% for 24 months]											1.0712
OOP Max Load											1.0684
Voluntary Load											1.1000
Deductible credit per month											\$0.60
Pure premium Rate											\$20.10
Risk Charge											2.50%
Comms											9.00%
Exchange Fee											3.50%
Admin PMPM											\$2.50
ACA Tax											0.70%
Premium Tax											1.75%
Gross Premium Rate											\$27.38

Pediatric Actuarial Value Calculator		
Tennessee 70% AV Plan		SHOP
		PPO Standard
Input Coinsurance Percentages		
	PPO	Premier/Out-of-Network
Class I	90%	80%
Class II	60%	50%
Class III	50%	50%
Class IV	50%	50%
Input Deductible		
PPO Deductible		\$50.00
Premier/OON Deductible		\$50.00
Input Assumed Migration (Total should be ≤ 100%)		
PPO		76.1%
Premier		20.8%
Maximum Out-of-Pocket Amount		\$700 / \$1,400
Maximum Out-of-Pocket Factor Applied		1.06837
Total Calculated Paid per 10,000 per yr		\$1,944,246.86
Total Calculated Approved per 10,000 per yr		\$2,763,909.77
Actuarial Value		70.34%

Pediatric Dental Claims Model: Tennessee 85% AV Plan Individual, Off-Exchange

Frequency data based on claims incurred in 2011 and 2012 by covered Tennessee residents up to the end of the month in which they turn 19 years old.

Severity data based on claims incurred in 2012 in Tennessee service offices by patients up to the end of the month in which they turn 19 years old.

Report Order	Class	Low Level Grouping	Adjusted Frequency per 10,000 per Yr	PPO Average Approved	Premier Average Approved	Deductible Applies	PPO Coinsurance	Premier / Non-Par Coinsurance	PPO Calc Paid	Premier Calc Paid	Pure Premium
1	Class I	Exams	10,121	\$33.59	\$36.58	0	100%	100%	\$33.31	\$33.31	\$2.81
2	Class I	Fluorides	6,552	\$22.09	\$24.86	0	100%	100%	\$21.98	\$21.98	\$1.20
3	Class I	Cleanings	10,077	\$50.00	\$55.52	0	100%	100%	\$49.72	\$49.72	\$4.18
4	Class I	Emergency Treatment	53	\$64.90	\$70.39	0	100%	100%	\$64.46	\$64.46	\$0.03
5	Class I	Sealants	1,798	\$35.39	\$38.89	0	100%	100%	\$35.19	\$35.19	\$0.53
6	Class I	Bitewing X-rays	3,831	\$32.87	\$39.28	0	100%	100%	\$32.65	\$32.65	\$1.04
7	Class I	Full Mouth X-rays	1,274	\$87.82	\$97.94	0	100%	100%	\$87.18	\$87.18	\$0.93
8	Class I	All Other X-rays	1,417	\$22.32	\$20.58	0	100%	100%	\$22.22	\$22.22	\$0.26
9.1	Class II	Fillings-Anterior	421	\$119.78	\$142.47	1	80%	80%	\$94.13	\$94.13	\$0.33
9.2	Class II	Fillings-Posterior Composites	2,069	\$133.00	\$145.17	1	80%	80%	\$106.21	\$106.21	\$1.83
9.3	Class II	Fillings-Posterior Amalgams	1,207	\$114.80	\$118.46	1	80%	80%	\$67.61	\$67.61	\$0.68
9.4	Class II	Fillings-Other	24	\$63.93	\$74.09	1	80%	80%	\$50.98	\$50.98	\$0.01
10	Class III	Crowns	400	\$293.74	\$425.48	1	50%	50%	\$141.30	\$141.30	\$0.47
11	Class II	Major Gum Disease	22	\$426.34	\$239.04	1	80%	80%	\$337.28	\$337.28	\$0.06
12	Class II	Minor Gum Disease	9	\$128.45	\$156.77	1	80%	80%	\$102.31	\$102.31	\$0.01
13	Class II	Difficult Cleaning	3	\$105.28	\$132.27	1	80%	80%	\$83.51	\$83.51	\$0.00
14	Class II	Gum Disease Cleaning	3	\$75.13	\$82.63	1	80%	80%	\$60.00	\$60.00	\$0.00
15	Class II	Root Canals	65	\$765.94	\$752.25	1	80%	80%	\$608.33	\$608.33	\$0.33
16	Class II	Endodontics Other Than Root Canals	213	\$123.85	\$129.79	1	80%	80%	\$98.88	\$98.88	\$0.18
17	Class II	Simple Extractions	1,076	\$90.84	\$94.63	1	80%	80%	\$72.29	\$72.29	\$0.65
18	Class II	Complex Extractions	851	\$338.77	\$319.18	1	80%	80%	\$270.66	\$270.66	\$1.92
19	Class II	Oral Surgery Other Than Extractions	82	\$289.01	\$261.95	1	80%	80%	\$231.10	\$231.10	\$0.16
20	Class II	Denture Repair	1	\$116.39	\$141.67	1	80%	80%	\$93.11	\$93.11	\$0.00
21	Class II	Other Services	493	\$213.57	\$194.95	1	80%	80%	\$170.52	\$170.52	\$0.70
22	Class III	Bridges	5	\$704.74	\$863.00	1	50%	50%	\$334.14	\$334.14	\$0.01
23	Class III	Partial Dentures	1	\$583.05	\$611.40	1	50%	50%	\$291.53	\$291.53	\$0.00
24	Class III	Full Dentures	0	\$832.00	\$1,025.00	1	50%	50%	\$416.00	\$416.00	\$0.00
25	Class III	Other Bridges	0	\$0.00	\$226.50	1	50%	50%	\$0.00	\$0.00	\$0.00
26	Class III	Other Dentures	0	\$0.00	\$0.00	1	50%	50%	\$0.00	\$0.00	\$0.00
27	Class I	Jaw Disorder X-rays	0	\$416.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
28	Class II	Jaw Disorder Treatment Other Than X-rays	0	\$500.00	\$0.00	1	0%	0%	\$0.00	\$0.00	\$0.00
29	Class III	Implants	6	\$1,387.58	\$957.54	1	50%	50%	\$693.79	\$693.79	\$0.03
30.1	Class IV	Orthodontics-Comprehensive Treatment	105	\$1,269.05	\$1,213.05	0	50%	50%	\$634.00	\$634.00	\$0.56
30.2	Class IV	Orthodontics-Other Services	1,259	\$164.85	\$164.17	0	50%	50%	\$81.75	\$81.75	\$0.86
31	Class I	Brush Biopsies	0	\$0.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
40	Class II	Unknown	0	\$430.00	\$0.00	1	80%	80%	\$344.00	\$344.00	\$0.00

Experience PMPM Pure Premium \$19.76

Over 3 Children factor 1.0485
Trend Factor [3.5% for 24 months] 1.0712
OOP Max Load 1.0557
Voluntary Load 1.1000
Deductible credit per month \$0.81

Pure premium Rate \$24.96

Risk Charge 2.50%
Comms 9.00%
Exchange Fee 0.00%
Admin PMPM \$2.75
ACA Tax 0.70%
Premium Tax 1.75%

Gross Premium Rate \$32.21

Pediatric Actuarial Value Calculator		Individual	
Tennessee 85% AV Plan		PPO Standard	
Input Coinsurance Percentages			
	PPO	Premier/Out-of-Network	
Class I	100%	100%	
Class II	80%	80%	
Class III	50%	50%	
Class IV	50%	50%	
Input Deductible			
PPO Deductible			\$50.00
Premier/OON Deductible			\$50.00
Input Assumed Migration		(Total should be ≤ 100%)	
PPO			76.1%
Premier			20.8%
Maximum Out-of-Pocket Amount		\$700 / \$1,400	
Maximum Out-of-Pocket Factor Applied		1.05569	
Total Calculated Paid per 10,000 per yr		\$2,413,370.09	
Total Calculated Approved per 10,000 per yr		\$2,907,326.93	
Actuarial Value		83.01%	

Pediatric Dental Claims Model: Tennessee 70% AV Plan Individual, Off-Exchange

Frequency data based on claims incurred in 2011 and 2012 by covered Tennessee residents up to the end of the month in which they turn 19 years old.

Severity data based on claims incurred in 2012 in Tennessee service offices by patients up to the end of the month in which they turn 19 years old.

Report Order	Class	Low Level Grouping	Adjusted Frequency per 10,000 per Yr	PPO Average Approved	Premier Average Approved	Deductible Applies	PPO Coinsurance	Premier / Non-Par Coinsurance	PPO Calc Paid	Premier Calc Paid	Pure Premium
1	Class I	Exams	9,538	\$33.59	\$36.58	0	100%	70%	\$33.31	\$23.31	\$2.46
2	Class I	Fluorides	6,174	\$22.09	\$24.86	0	100%	70%	\$21.98	\$15.39	\$1.05
3	Class I	Cleanings	9,496	\$50.00	\$55.52	0	100%	70%	\$49.72	\$34.80	\$3.65
4	Class I	Emergency Treatment	50	\$64.90	\$70.39	0	100%	70%	\$64.46	\$45.12	\$0.02
5	Class I	Sealants	1,694	\$35.39	\$38.89	0	100%	70%	\$35.19	\$24.63	\$0.46
6	Class I	Bitewing X-rays	3,610	\$32.87	\$39.28	0	100%	70%	\$32.65	\$22.85	\$0.91
7	Class I	Full Mouth X-rays	1,200	\$87.82	\$97.94	0	100%	70%	\$87.18	\$61.03	\$0.81
8	Class I	All Other X-rays	1,335	\$22.32	\$20.58	0	100%	70%	\$22.22	\$15.55	\$0.23
9.1	Class II	Fillings-Anterior	387	\$119.78	\$142.47	1	50%	50%	\$58.83	\$58.83	\$0.19
9.2	Class II	Fillings-Posterior Composites	1,900	\$133.00	\$145.17	1	50%	50%	\$66.38	\$66.38	\$1.05
9.3	Class II	Fillings-Posterior Amalgams	1,109	\$114.80	\$118.46	1	50%	50%	\$42.26	\$42.26	\$0.39
9.4	Class II	Fillings-Other	22	\$63.93	\$74.09	1	50%	50%	\$31.87	\$31.87	\$0.01
10	Class III	Crowns	400	\$293.74	\$425.48	1	50%	50%	\$141.30	\$141.30	\$0.47
11	Class II	Major Gum Disease	21	\$426.34	\$239.04	1	50%	50%	\$210.80	\$210.80	\$0.04
12	Class II	Minor Gum Disease	8	\$128.45	\$156.77	1	50%	50%	\$63.95	\$63.95	\$0.00
13	Class II	Difficult Cleaning	3	\$105.28	\$132.27	1	50%	50%	\$52.20	\$52.20	\$0.00
14	Class II	Gum Disease Cleaning	3	\$75.13	\$82.63	1	50%	50%	\$37.50	\$37.50	\$0.00
15	Class II	Root Canals	60	\$765.94	\$752.25	1	50%	50%	\$380.20	\$380.20	\$0.19
16	Class II	Endodontics Other Than Root Canals	195	\$123.85	\$129.79	1	50%	50%	\$61.80	\$61.80	\$0.10
17	Class II	Simple Extractions	988	\$90.84	\$94.63	1	50%	50%	\$45.18	\$45.18	\$0.37
18	Class II	Complex Extractions	782	\$338.77	\$319.18	1	50%	50%	\$169.16	\$169.16	\$1.10
19	Class II	Oral Surgery Other Than Extractions	76	\$289.01	\$261.95	1	50%	50%	\$144.44	\$144.44	\$0.09
20	Class II	Denture Repair	1	\$116.39	\$141.67	1	50%	50%	\$58.19	\$58.19	\$0.00
21	Class II	Other Services	453	\$213.57	\$194.95	1	50%	50%	\$106.57	\$106.57	\$0.40
22	Class III	Bridges	5	\$704.74	\$863.00	1	50%	50%	\$334.14	\$334.14	\$0.01
23	Class III	Partial Dentures	1	\$583.05	\$611.40	1	50%	50%	\$291.53	\$291.53	\$0.00
24	Class III	Full Dentures	0	\$832.00	\$1,025.00	1	50%	50%	\$416.00	\$416.00	\$0.00
25	Class III	Other Bridges	0	\$0.00	\$226.50	1	50%	50%	\$0.00	\$0.00	\$0.00
26	Class III	Other Dentures	0	\$0.00	\$0.00	1	50%	50%	\$0.00	\$0.00	\$0.00
27	Class I	Jaw Disorder X-rays	0	\$416.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
28	Class II	Jaw Disorder Treatment Other Than X-rays	0	\$500.00	\$0.00	1	0%	0%	\$0.00	\$0.00	\$0.00
29	Class III	Implants	6	\$1,387.58	\$957.54	1	50%	50%	\$693.79	\$693.79	\$0.03
30.1	Class IV	Orthodontics-Comprehensive Treatment	105	\$1,269.05	\$1,213.05	0	50%	50%	\$634.00	\$634.00	\$0.56
30.2	Class IV	Orthodontics-Other Services	1,259	\$164.85	\$164.17	0	50%	50%	\$81.75	\$81.75	\$0.86
31	Class I	Brush Biopsies	0	\$0.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
40	Class II	Unknown	0	\$430.00	\$0.00	1	50%	50%	\$215.00	\$215.00	\$0.00

Experience PMPM Pure Premium \$15.47

Over 3 Children factor 1.0485
Trend Factor [3.5% for 24 months] 1.0712
OOP Max Load 1.0684
Voluntary Load 1.1000
Deductible credit per month \$0.52

Pure premium Rate \$19.90

Risk Charge 2.50%
Comms 9.00%
Exchange Fee 0.00%
Admin PMPM \$2.75
ACA Tax 0.70%
Premium Tax 1.75%

Gross Premium Rate \$26.32

Pediatric Actuarial Value Calculator		Individual PPO Standard	
Input Coinsurance Percentages			
	PPO	Premier/Out-of-Network	
Class I	100%	70%	
Class II	50%	50%	
Class III	50%	50%	
Class IV	50%	50%	
Input Deductible			
PPO Deductible			\$50.00
Premier/OON Deductible			\$50.00
Input Assumed Migration		(Total should be ≤ 100%)	
PPO			76.1%
Premier			20.8%
Maximum Out-of-Pocket Amount		\$700 / \$1,400	
Maximum Out-of-Pocket Factor Applied		1.06837	
Total Calculated Paid per 10,000 per yr		\$1,930,527.88	
Total Calculated Approved per 10,000 per yr		\$2,741,848.03	
Actuarial Value		70.41%	

Pediatric Dental Claims Model: Tennessee 85% AV Plan SHOP, Off-Exchange

Frequency data based on claims incurred in 2011 and 2012 by covered Tennessee residents up to the end of the month in which they turn 19 years old.
Severity data based on claims incurred in 2012 in Tennessee service offices by patients up to the end of the month in which they turn 19 years old.

Report		Class	Low Level Grouping	Adjusted	PPO Average	Premier	Deductible	PPO	Premier	Non-	Premier Calc		Pure Premium
Order				Frequency per	Approved	Average					PPO Calc	Paid	
				10,000 per Yr		Approved	Applies	Coinsurance	Coinsurance	Participating			
	1	Class I	Exams	10,121	\$33.59	\$36.58	0	100%	100%	100%	\$33.31	\$36.58	\$2.85
	2	Class I	Fluorides	6,552	\$22.09	\$24.86	0	100%	100%	100%	\$21.98	\$24.86	\$1.23
	3	Class I	Cleanings	10,077	\$50.00	\$55.52	0	100%	100%	100%	\$49.72	\$55.51	\$4.27
	4	Class I	Emergency Treatment	53	\$64.90	\$70.39	0	100%	100%	100%	\$64.46	\$70.39	\$0.03
	5	Class I	Sealants	1,798	\$35.39	\$38.89	0	100%	100%	100%	\$35.19	\$38.89	\$0.54
	6	Class I	Bitewing X-rays	3,831	\$32.87	\$39.28	0	100%	100%	100%	\$32.65	\$39.28	\$1.08
	7	Class I	Full Mouth X-rays	1,274	\$87.82	\$97.94	0	100%	100%	100%	\$87.18	\$97.83	\$0.94
	8	Class I	All Other X-rays	1,417	\$22.32	\$20.58	0	100%	100%	100%	\$22.22	\$20.58	\$0.26
	9.1	Class II	Fillings-Anterior	421	\$119.78	\$142.47	1	80%	80%	80%	\$94.13	\$113.21	\$0.34
	9.2	Class II	Fillings-Posterior Composites	2,069	\$133.00	\$145.17	1	80%	80%	80%	\$106.21	\$116.05	\$1.86
	9.3	Class II	Fillings-Posterior Amalgams	1,207	\$114.80	\$118.46	1	80%	80%	80%	\$67.61	\$82.29	\$0.71
	9.4	Class II	Fillings-Other	24	\$63.93	\$74.09	1	80%	80%	80%	\$50.98	\$59.27	\$0.01
	10	Class III	Crowns	400	\$293.74	\$425.48	1	50%	50%	50%	\$141.30	\$206.69	\$0.52
	11	Class II	Major Gum Disease	22	\$426.34	\$239.04	1	80%	80%	80%	\$337.28	\$191.23	\$0.06
	12	Class II	Minor Gum Disease	9	\$128.45	\$156.77	1	80%	80%	80%	\$102.31	\$125.42	\$0.01
	13	Class II	Difficult Cleaning	3	\$105.28	\$132.27	1	80%	80%	80%	\$83.51	\$105.81	\$0.00
	14	Class II	Gum Disease Cleaning	3	\$75.13	\$82.63	1	80%	80%	80%	\$60.00	\$66.10	\$0.00
	15	Class II	Root Canals	65	\$765.94	\$752.25	1	80%	80%	80%	\$608.33	\$601.80	\$0.33
	16	Class II	Endodontics Other Than Root Canals	213	\$123.85	\$129.79	1	80%	80%	80%	\$98.88	\$103.84	\$0.18
	17	Class II	Simple Extractions	1,076	\$90.84	\$94.63	1	80%	80%	80%	\$72.29	\$75.70	\$0.65
	18	Class II	Complex Extractions	851	\$338.77	\$319.18	1	80%	80%	80%	\$270.66	\$255.28	\$1.88
	19	Class II	Oral Surgery Other Than Extractions	82	\$289.01	\$261.95	1	80%	80%	80%	\$231.10	\$209.56	\$0.15
	20	Class II	Denture Repair	1	\$116.39	\$141.67	1	80%	80%	80%	\$93.11	\$113.33	\$0.00
	21	Class II	Other Services	493	\$213.57	\$194.95	1	80%	80%	80%	\$170.52	\$155.85	\$0.67
	22	Class III	Bridges	5	\$704.74	\$863.00	1	50%	50%	50%	\$334.14	\$415.11	\$0.01
	23	Class III	Partial Dentures	1	\$583.05	\$611.40	1	50%	50%	50%	\$291.53	\$305.70	\$0.00
	24	Class III	Full Dentures	0	\$832.00	\$1,025.00	1	50%	50%	50%	\$416.00	\$512.50	\$0.00
	25	Class III	Other Bridges	0	\$0.00	\$226.50	1	50%	50%	50%	\$0.00	\$113.25	\$0.00
	26	Class III	Other Dentures	0	\$0.00	\$0.00	1	50%	50%	50%	\$0.00	\$0.00	\$0.00
	27	Class I	Jaw Disorder X-rays	0	\$416.00	\$0.00	0	0%	0%	0%	\$0.00	\$0.00	\$0.00
	28	Class II	Jaw Disorder Treatment Other Than X-rays	0	\$500.00	\$0.00	1	0%	0%	0%	\$0.00	\$0.00	\$0.00
	29	Class III	Implants	6	\$1,387.58	\$957.54	1	50%	50%	50%	\$693.79	\$478.77	\$0.03
	30.1	Class IV	Orthodontics-Comprehensive Treatment	105	\$1,269.05	\$1,213.05	0	50%	50%	50%	\$634.00	\$606.52	\$0.55
	30.2	Class IV	Orthodontics-Other Services	1,259	\$164.85	\$164.17	0	50%	50%	50%	\$81.75	\$81.34	\$0.85
	31	Class I	Brush Biopsies	0	\$0.00	\$0.00	0	0%	0%	0%	\$0.00	\$0.00	\$0.00
	40	Class II	Unknown	0	\$430.00	\$0.00	1	80%	80%	80%	\$344.00	\$0.00	\$0.00
Experience PMPM Pure Premium													\$20.03
Over 3 Children factor													1.0485
Trend Factor [3.5% for 24 months]													1.0712
OOP Max Load													1.0557
Voluntary Load													1.0500
Deductible credit per month													\$0.81
Pure premium Rate													\$24.12
Risk Charge													2.50%
Comms													9.00%
Exchange Fee													0.00%
Admin PMPM													\$2.50
ACA Tax													0.70%
Premium Tax													1.75%
Gross Premium Rate													\$30.94

Pediatric Actuarial Value Calculator			
Tennessee 85% AV Plan		Off Exchange Point-of-Service	
Input Coinsurance Percentages			
	PPO	Premier/Out-of- Network	
Class I	100%	100%	100%
Class II	80%	80%	80%
Class III	50%	50%	50%
Class IV	50%	50%	50%
Input Deductible			
PPO Deductible			\$50.00
Premier Deductible			\$50.00
Input Assumed Migration		(Total should be ≤ 100%)	
PPO		76.1%	
Premier		20.8%	
Maximum Out-of-Pocket Amount		\$700 / \$1,400	
Maximum Out-of-Pocket Factor Applied		1.05569	
Total Calculated Paid per 10,000 per yr		\$2,451,724.04	
Total Calculated Approved per 10,000 per yr		\$2,907,326.93	
Actuarial Value		84.33%	

Pediatric Dental Claims Model: Tennessee 70% AV Plan SHOP, Off-Exchange

Frequency data based on claims incurred in 2011 and 2012 by covered Tennessee residents up to the end of the month in which they turn 19 years old.

Severity data based on claims incurred in 2012 in Tennessee service offices by patients up to the end of the month in which they turn 19 years old.

Report		Adjusted Frequency per 10,000 per Yr	PPO Average Approved	Premier Average Approved	Deductible Applies	PPO Coinsurance	Premier Coinsurance	Non- Participating Coinsurance	Premier Calc		Pure Premium
Order	Class								PPO Calc	Paid	
1	Class I	Exams	9,538	\$33.59	\$36.58	0	100%	70%	\$33.31	\$25.61	\$2.48
2	Class I	Fluorides	6,174	\$22.09	\$24.86	0	100%	70%	\$21.98	\$17.40	\$1.07
3	Class I	Cleanings	9,496	\$50.00	\$55.52	0	100%	70%	\$49.72	\$38.86	\$3.71
4	Class I	Emergency Treatment	50	\$64.90	\$70.39	0	100%	70%	\$64.46	\$49.28	\$0.03
5	Class I	Sealants	1,694	\$35.39	\$38.89	0	100%	70%	\$35.19	\$27.22	\$0.47
6	Class I	Bitewing X-rays	3,610	\$32.87	\$39.28	0	100%	70%	\$32.65	\$27.49	\$0.94
7	Class I	Full Mouth X-rays	1,200	\$87.82	\$97.94	0	100%	70%	\$87.18	\$68.48	\$0.82
8	Class I	All Other X-rays	1,335	\$22.32	\$20.58	0	100%	70%	\$22.22	\$14.41	\$0.23
9.1	Class II	Fillings-Anterior	387	\$119.78	\$142.47	1	50%	50%	\$58.83	\$70.76	\$0.20
9.2	Class II	Fillings-Posterior Composites	1,900	\$133.00	\$145.17	1	50%	50%	\$66.38	\$72.53	\$1.07
9.3	Class II	Fillings-Posterior Amalgams	1,109	\$114.80	\$118.46	1	50%	50%	\$42.26	\$51.43	\$0.41
9.4	Class II	Fillings-Other	22	\$63.93	\$74.09	1	50%	50%	\$31.87	\$37.04	\$0.01
10	Class III	Crowns	400	\$293.74	\$425.48	1	50%	50%	\$141.30	\$206.69	\$0.52
11	Class II	Major Gum Disease	21	\$426.34	\$239.04	1	50%	50%	\$210.80	\$119.62	\$0.03
12	Class II	Minor Gum Disease	8	\$128.45	\$156.77	1	50%	50%	\$63.95	\$78.39	\$0.00
13	Class II	Difficult Cleaning	3	\$105.28	\$132.27	1	50%	50%	\$52.20	\$66.13	\$0.00
14	Class II	Gum Disease Cleaning	3	\$75.13	\$82.63	1	50%	50%	\$37.50	\$41.31	\$0.00
15	Class II	Root Canals	60	\$765.94	\$752.25	1	50%	50%	\$380.20	\$376.13	\$0.19
16	Class II	Endodontics Other Than Root Canals	195	\$123.85	\$129.79	1	50%	50%	\$61.80	\$64.90	\$0.10
17	Class II	Simple Extractions	988	\$90.84	\$94.63	1	50%	50%	\$45.18	\$47.32	\$0.37
18	Class II	Complex Extractions	782	\$338.77	\$319.18	1	50%	50%	\$169.16	\$159.55	\$1.08
19	Class II	Oral Surgery Other Than Extractions	76	\$289.01	\$261.95	1	50%	50%	\$144.44	\$130.97	\$0.09
20	Class II	Denture Repair	1	\$116.39	\$141.67	1	50%	50%	\$58.19	\$70.83	\$0.00
21	Class II	Other Services	453	\$213.57	\$194.95	1	50%	50%	\$106.57	\$97.40	\$0.39
22	Class III	Bridges	5	\$704.74	\$863.00	1	50%	50%	\$334.14	\$415.11	\$0.01
23	Class III	Partial Dentures	1	\$583.05	\$611.40	1	50%	50%	\$291.53	\$305.70	\$0.00
24	Class III	Full Dentures	0	\$832.00	\$1,025.00	1	50%	50%	\$416.00	\$512.50	\$0.00
25	Class III	Other Bridges	0	\$0.00	\$226.50	1	50%	50%	\$0.00	\$113.25	\$0.00
26	Class III	Other Dentures	0	\$0.00	\$0.00	1	50%	50%	\$0.00	\$0.00	\$0.00
27	Class I	Jaw Disorder X-rays	0	\$416.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
28	Class II	Jaw Disorder Treatment Other Than X-rays	0	\$500.00	\$0.00	1	0%	0%	\$0.00	\$0.00	\$0.00
29	Class III	Implants	6	\$1,387.58	\$957.54	1	50%	50%	\$693.79	\$478.77	\$0.03
30.1	Class IV	Orthodontics-Comprehensive Treatment	105	\$1,269.05	\$1,213.05	0	50%	50%	\$634.00	\$606.52	\$0.55
30.2	Class IV	Orthodontics-Other Services	1,259	\$164.85	\$164.17	0	50%	50%	\$81.75	\$81.34	\$0.85
31	Class I	Brush Biopsies	0	\$0.00	\$0.00	0	0%	0%	\$0.00	\$0.00	\$0.00
40	Class II	Unknown	0	\$430.00	\$0.00	1	50%	50%	\$215.00	\$0.00	\$0.00
Experience PMPM Pure Premium											\$15.66
Over 3 Children factor											1.0485
Trend Factor [3.5% for 24 months]											1.0712
OOP Max Load											1.0684
Voluntary Load											1.0500
Deductible credit per month											\$0.52
Pure premium Rate											\$19.21
Risk Charge											2.50%
Comms											9.00%
Exchange Fee											0.00%
Admin PMPM											\$2.50
ACA Tax											0.70%
Premium Tax											1.75%
Gross Premium Rate											\$25.23

Pediatric Actuarial Value Calculator		Off Exchange Point-of-Service	
Tennessee 70% AV Plan			
Input Coinsurance Percentages			
	PPO	Premier/Out-of-Network	
Class I	100%	50%	70%
Class II	50%	50%	50%
Class III	50%	50%	50%
Class IV	50%	50%	50%
Input Deductible			
PPO Deductible			\$50.00
Premier Deductible			\$50.00
Input Assumed Migration		(Total should be ≤ 100%)	
PPO		76.1%	
Premier		20.8%	
Maximum Out-of-Pocket Amount		\$700 / \$1,400	
Maximum Out-of-Pocket Factor Applied		1.06837	
Total Calculated Paid per 10,000 per yr		\$1,962,156.25	
Total Calculated Approved per 10,000 per yr		\$2,741,848.03	
Actuarial Value		71.56%	

Delta Dental Plan of Tennessee (DDPTN)
Actuarial Memorandum
Delta Dental Group, EHB Certified Product (Exchange)
Product ID 22384TN002

Scope & Purpose

The purpose of this filing is to

- 1) Comply with the Tennessee state statutes governing health insurance rate and form filings.
- 2) Request rate approval for the Delta Dental group, EHB certified product for the Small Business Health Options Programs (SHOP) offerings.

Dates of Issue

This is a new product filing.

Proposed Effective Date

These rates will be effective 1/1/2014 and until a subsequent rate adjustment is requested and approved.

Applicability

The revised rates will be used for all groups, new and renewal.

History of Rate Adjustments

This form is being filed as a new product. As such, there is no experience to report.

Product Description

Description of Benefits

Group dental plan benefits are provided by this coverage.

Coverage for certain services may have time or frequency limitations. Examples: Coverage for some diagnostic and preventive services may be limited to one or two times per year, replacement of crowns and prosthetics may be restricted to five or seven years. Additional details with respect to standard types of benefit provisions are given in the certificates, and policies. Benefits are to be paid on a fee for service basis.

Renewability Clause

These policies are conditionally renewable.

Marketing Method

This product will be available for sale on the SHOP Exchange.

Underwriting

These plans will not use individual health status underwriting. The primary intention of underwriting will be to establish the attained age of the insured, the number of children to be covered and the region of residence for the purpose of applying the appropriate rates.

Premium Classes

Premium rates will vary according to the following:

1. Benefit Design

The differences in the plans are the:

- Coinsurance percentages
- Annual maximums (plan maximums for adults and maximum out of pocket for children)
- Inclusion of Coverage for Orthodontia

2. Group Characteristics

- Rates are displayed per member, unless number of children per contract exceeds 3, in which case the rate is simply 3 times the child rate.
- Region of insured's residence (Refer to Exhibit 2)
- Attained age of the insured upon issue and renewal into the following age classes:
 0-24
 25-34
 35-44
 45-54
 55+

Issue Age Range

There are no issue age limits for this product.

Premium Modalization Rules

Monthly premiums are calculated for one-year contracts.

Distribution of Business

We expect the following distribution of business in the future:

Ages 0-24	20%
Ages 25-34	10%
Ages 35-44	20%
Ages 45-54	30%
Ages 55 and Older:	20%

Rate Development

Adult plans

The adult rates were developed using submitted data from the Delta Dental of Tennessee and affiliate plans claims system from January 1, 2012 – December 31, 2012 for patients that had services completed within the state of Tennessee. The claims data was aggregated and normalized by age to account for the demographics of the population. The product benefit designs were then applied to the transformed data to incorporate utilization impacts. Cost sharing provisions were then applied to the model to account for changes in coinsurance, deductibles, and maximums. Finally, the claims costs were trended forward to the projection period.

Pediatric Dental (EHB compliant)

For the EHB compliant pediatric dental plan, the 2014 rates were developed using a pricing model that also doubled as an Actuarial Value (AV) calculator. This model was calibrated using submitted data from January 1, 2012 – December 31, 2012 for the pediatric population. Using a similar method as the adult rate development, the pediatric rates were developed using actual claims data within the state of Tennessee.

For the state of Tennessee, the modeled essential health benefit plan was the FEDVIP program. Any material changes in benefit designs (such as the frequency of allowed services or maximum out of pocket amounts) were

included and incorporated in the rate development. High (85% AV) and Low (70% AV) plan designs were created based on the selected benchmark, based on sound actuarial principles.

Mortality

Mortality has no impact on dental plan utilization beyond loss of eligibility and, therefore, has no bearing on the development of rates. Projections of future premiums and claims will assume no mortality.

Persistency

We expect to renew about 85% to 95% of subscribers. This assumption has little impact on the rates proposed.

Pricing Assumptions

Trend Assumption

The claim trend assumption is 3.5% per year. The claims trend is based upon regional claims experience provided by Delta Dental of Tennessee and affiliate Delta plans. The Consumer Price Index for Urban Users (CPI-U) reports a 2.3% trend for Dental Services in 2012. The 2013 Segal Health Plan Cost Trend Survey projects a 4.0% claim trend for similar FFS/Indemnity Dental Plans.

Expenses

Total administrative expenses for this form, including commissions, Exchange fees, taxes (state and federal), and margin (risk and profit), are expected to be approximately 26%.

Please see Exhibit 1 for the administrative expense percentages for this state by plan.

Contingency and Risk Margins

Risk margins of 1.5% are included in these rates, along with a 1% profit margin.

Projected Index Rate for EHB compliant Pediatric Dental plans

The projected index rate is the expected claims cost for the EHB compliant pediatric dental product.

The projected Index rate for the 85% AV pediatric dental plan is \$25.29

The projected Index rate for the 70% AV pediatric dental plan is \$20.10

These products are subject to 45 CFR Part 156.80(d).

Projected Loss Ratio experience

Lifetime Loss Ratio	74.4%
Future Loss Ratio	74.4%
Minimum Loss Ratio	55.0%

Note that the expected lifetime and expected future loss ratios exceed the minimum required loss ratio.

Experience

There is no experience to report for the current form, since this is a new product filing. Please note that these products are only sold to groups in Tennessee, so nationwide experience is the same as statewide experience.

Reserves

Claims Liability and Reserves

Unpaid claims liabilities are calculated using the development method. This method is commonly used by health actuaries for calculations of this type. All calculations are performed in a manner consistent with relevant actuarial standards of practice (including ASOP No. 5, Incurred Health and Disability Claims and ASOP No. 23, Data Quality).

Active Life Reserves

Where appropriate, DDPTN will hold unearned premium reserves (for policy owners who pay annually) and contract reserves (for policies subject to waiting periods).

Actuarial Certification

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
2. The premiums are based on sound actuarial principles.
3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
4. The Index rate is in compliance with applicable State and Federal statutes, in particular with 45 CFR 156.80(d)(1)
5. The Actuarial Value (AV) calculator that was used for a stand-alone dental plan to generate the EHB compliant Pediatric Dental plans was developed in accordance with generally accepted actuarial principles and methodologies.
6. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
7. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of Tennessee.



Kevin Sule, FSA, MAAA
June 3rd, 2013

Exhibit 1
Delta Dental Plan of Tennessee (DDPTN)
Delta Dental Group, EHB Certified (Exchange)
Product ID 22384TN0002
Plan Design and Rate Summary for Tennessee

<u>Plan Description</u>	Certified High Plan Equivalent Adult Plan		Certified Low Plan Equivalent Adult Plan	
	85% AV Adult	85% AV Pediatric	70% AV Adult	70% AV Pediatric
Service Class:				
Preventative & Diagnostic	100%	100%	85%/80%*	85%/80%*
Emergency Palliative Treatment	100%	100%	85%/80%*	85%/80%*
Radiographs - Bitewings	100%	100%	85%/80%*	85%/80%*
Radiographs - All other	100%	100%	85%/80%*	85%/80%*
Periodontal Prophylaxes	80%/60%*	80%/60%*	50%	50%
Denture Repair, Rebase, Relining	80%/60%*	80%/60%*	50%	50%
Oral Surgery	80%/60%*	80%/60%*	50%	50%
Minor Restorative	80%/60%*	80%/60%*	50%	50%
Periodontics	80%/60%*	80%/60%*	50%	50%
Endodontics	80%/60%*	80%/60%*	50%	50%
Major Restorative	50%	50%	50%	50%
Prosthodontics	50%	50%	50%	50%
Medically Necessary Orthodontia	N/A	50%	N/A	50%
Deductible	\$0	\$0	\$0	\$0
Plan Maximum	\$1,000	N/A	\$1,000	N/A
Maximum Out of Pocket**	N/A	\$700/\$1400	N/A	\$700/\$1400

<u>Proposed Monthly Rates^</u>	Jan - Mar, 2014 Effective Date	Jan - Mar, 2014 Effective Date
Ages 0-24 Rate Per Person	\$33.76	\$27.45
Ages 25-34 Rate Per Person	\$23.96	\$19.54
Ages 35-44 Rate Per Person	\$25.83	\$21.06
Ages 45-54 Rate Per Person	\$32.16	\$26.23
Ages 55+ Rate Per Person	\$38.79	\$31.64
Administrative Cost	24.88%	26.58%

<u>Proposed Monthly Rates^</u>	Apr - Jun, 2014 Effective Date	Apr - Jun, 2014 Effective Date
Ages 0-24 Rate Per Person	\$34.05	\$27.69
Ages 25-34 Rate Per Person	\$24.17	\$19.71
Ages 35-44 Rate Per Person	\$26.05	\$21.25
Ages 45-54 Rate Per Person	\$32.44	\$26.46
Ages 55+ Rate Per Person	\$39.13	\$31.91
Administrative Cost	24.88%	26.58%

<u>Proposed Monthly Rates^</u>	Jul - Sep, 2014 Effective Date	Jul - Sep, 2014 Effective Date
Ages 0-24 Rate Per Person	\$34.35	\$27.93
Ages 25-34 Rate Per Person	\$24.38	\$19.88
Ages 35-44 Rate Per Person	\$26.28	\$21.43
Ages 45-54 Rate Per Person	\$32.72	\$26.69
Ages 55+ Rate Per Person	\$39.47	\$32.19
Administrative Cost	24.88%	26.58%

<u>Proposed Monthly Rates^</u>	Oct - Dec, 2014 Effective Date	Oct - Dec, 2014 Effective Date
Ages 0-24 Rate Per Person	\$34.64	\$28.17
Ages 25-34 Rate Per Person	\$24.59	\$20.05
Ages 35-44 Rate Per Person	\$26.51	\$21.62
Ages 45-54 Rate Per Person	\$33.01	\$26.92
Ages 55+ Rate Per Person	\$39.81	\$32.46
Administrative Cost	24.88%	26.58%

*In Network/Out of Network

**Maximum out-of-pocket amount per Child/Family

^Represents Statewide values. SHOP rates will vary by region, See Exhibit 2 for area factors.

Exhibit 2
Delta Dental Plan of Tennessee (DDPTN)
Delta Dental Group, EHB Certified (Exchange)
Product ID 22384TN0002
Area Factor Summary for Tennessee

Rating Area	Counties	Area Factor
Area 1	Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington	1.00
Area 2	Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Know, Loudon, Monroe, Morgan, Roane, Scott, Sevier, Union	1.00
Area 3	Bledsoe, Bradley, Franklin, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie	1.00
Area 4	Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson	1.00
Area 5	Benton, Carroll, Chester, Crockett, Decatur, Dyer, Gibson, Hardeman, Hardin, Henderson, Henry, Lake, Madison, McNairy, Obion, Weakley	1.00
Area 6	Fayette, Haywood, Lauderdale, Shelby, Tipton	1.00
Area 7	Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, White	1.00
Area 8	Bedford, Coffee, Dickson, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Stewart,	1.00